



Planning With Seniors For The 21st Century

CONFERENCE PROCEEDINGS

Second Provincial Conference on Aging and the Aged

May 14, 15 & 16, 1990
Acadia University



**Senior Citizens'
Secretariat**

Planning With Seniors For The 21st Century
The Second Provincial Conference on Aging and the Aged

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In Memorium

It is with deep regret that we note the untimely passing of Don Mielke and Myrna Ells who, through their involvement as Workshop Resource Persons, contributed greatly to our conference.

Conference Planning Committee



***Delegates from Pictou County enjoying the Opening Reception.
L-R. James Reid, Bernice Dee, Dorothy Ross and Mary Docker.***



***Delegates in attendance at the Official Opening on Monday night.
L-R. Marjorie McGrath, George Tomlin, and Florence MacKenzie.***

Conference Rationale and Overview

In 1984, the Senior Citizens' Secretariat organized the *First Provincial Conference on Aging and the Aged* in Antigonish. This conference provided the first opportunity for seniors from across the province to come together to respond and make recommendations to government on issues of concern to Nova Scotia's seniors.

In 1987, the Province requested the Senior Citizens' Secretariat to carry out an in-depth study of the impact of the projected significant increase of seniors on programs and services provided by government and the voluntary sector. The Nova Scotia Task Force on Aging was subsequently struck.

The study, conducted in three phases, first addressed the major trends, issues and concerns of seniors as documented in literature generally, reviewed changing demographics and analyzed the use and cost of programs and services. The Secretariat then conducted a series of public meetings in 20 strategic centres in the province and listened to the views of seniors and professionals in respect to the major issues in the field of aging and the aged. It then examined the financial environment in which both current and future programs and services for seniors must be developed. Phase III summarized the major findings of phases I and II and suggested ways to bring together society's best efforts and resources in order to meet the social program needs of today's and tomorrow's seniors.

Through a series of workshops, *Planning With Seniors For The 21st Century* provided seniors, their organizations and councils, academics, policy makers, business leaders and voluntary organizations with an opportunity to respond to those issues most frequently cited as topics of concern in the consultations with seniors in the summer of 1988 as summarized in the Task Force on Aging Reports distributed to all delegates prior to the conference.

The workshops covered a broad range of topics and offered an important opportunity to hear firsthand from seniors, and others who impact on the delivery of seniors' programs and services, what we can and must do to effectively meet the needs of seniors now and in the future.

The conference was held at Acadia University in Wolfville on May 14, 15, and 16, 1990. It brought together 289 delegates including 185 seniors from all regions of Nova Scotia.

The final chapter of the *Task Force on Aging Report* entitled "Where Do We Go From Here" is being completed following the conference and is based on the recommendations put forth by conference participants. In effect, delegates who attended the conference will collectively author the last and perhaps most critical chapter of the task force report.

Planning With Seniors For The 21st Century was another important step in a continuing consultation process. It was planned and organized to hear from those Nova Scotians who are most familiar with and most affected by how government and society responds to their changing needs.

Conference Program

Monday, May 14, 1990

2:00pm – 8:00pm	Registration	Lobby, Cutten House
4:00pm – 6:00pm	Displays and Exhibits	Lounge, Wheelock Hall
5:00pm – 6:00pm	Dinner	Dining Room, Wheelock Hall
7:30pm	Official Opening	Auditorium, Harvey Denton Hall
	Chairperson:	Heather Praught Chairperson, Conference Planning Committee Planning With Seniors For The 21st Century
	Welcome:	Honourable Jack MacIsaac Chairman, Senior Citizens' Secretariat
	Keynote Address:	Professor Evelyn Shapiro Senior Policy Advisor Manitoba Health Services Commission
	Wine & Cheese Reception to follow, Dining Room, Wheelock Hall	

Tuesday, May 15, 1990

7:00am – 8:00am	Breakfast	Dining Room, Wheelock Hall
8:00am – 8:30am	Plenary	Dining Room, Wheelock Hall
8:30am – 9:00am	Late Registration	Foyer, Beveridge Arts Centre
9:00am – 11:30am	Series One Workshops	Classrooms, Beveridge Arts Centre
11:30am – 1:30pm	Displays and Exhibits	Lounge, Wheelock Hall
11:45am – 1:30pm	Lunch	Dining Room, Wheelock Hall
1:30pm – 4:00pm	Series Two Workshops	Classrooms, Beveridge Arts Centre
4:00pm – 6:00pm	Displays and Exhibits	Lounge, Wheelock Hall
5:00pm – 6:00pm	Dinner	Dining Room, Wheelock Hall
8:00pm – 11:00pm	Live Entertainment Cash Bar	Music from the '30s to '80s Wheelock Hall

Wednesday, May 16, 1990

7:00am - 8:00am	Breakfast	Dining Room, Wheelock Hall
8:00am - 8:30am	Plenary	Dining Room, Wheelock Hall
9:00am - 11:30am	Series Three Workshops	Classrooms, Beveridge Arts Centre
11:30am - 1:30pm	Displays and Exhibits	Lounge, Wheelock Hall
11:45am - 1:30pm	Lunch	Dining Room, Wheelock Hall
2:00pm - 4:00pm	Conference Summary and Discussion	Auditorium, Harvey Denton Hall
	Chairperson:	Fred R. MacKinnon Director Senior Citizens' Secretariat
	Summary:	Dr. James R.C. Perkin President Acadia University
6:30pm - 7:15pm	Pre-Banquet Reception Cash Bar	Wheelock Lounge
7:30pm	Banquet and Closing Remarks	Wheelock Hall
	Chairperson:	Honourable Jack MacIsaac Chairman Senior Citizens' Secretariat
	Speaker:	Honourable John M. Buchanan, P.C., Q.C. Premier, Province of Nova Scotia
	Entertainment to follow Dixieland Jazz Band	Wheelock Hall

Thursday, May 17, 1990

7:00am - 8:30am	Breakfast	Dining Room, Wheelock Hall
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Official Opening

Greetings from the Province of Nova Scotia and the Senior Citizens Secretariat

The Honourable Jack MacIsaac,
Chairman of The Senior Citizens Secretariat



As Chairman of the Senior Citizens' Secretariat since its inception in 1980, I am delighted to welcome you to *Planning With Seniors For The 21st Century: The Second Provincial Conference on Aging and the Aged*.

It is a distinct pleasure for me, as the Chairman and representing the other ministers and departments who comprise the Secretariat, to let you know of the keen interest we have in hearing from you as together we undertake to prepare for, to plan and to build a society ready to meet the challenges and opportunities of an expanding senior population.

Planning With Seniors For The 21st Century marks yet another important milestone in the ongoing process of dialogue and consultation that began with the establishment of the Task Force on Aging late in 1987.

Each of us, individually and collectively, must do our part to ensure our senior years are years of independence, social involvement and personal growth.

We, as a government, are committed to doing our part. We will be listening, and we want to hear your ideas and your suggestions on how together we can best go about ensuring a society which continues to maximize seniors' independence and opportunities for a full and active life.

On behalf of the Senior Citizens' Secretariat, I extend my best wishes to all.

Official Opening - Agenda

May 14, 1990

1. Welcome

Heather Praught, Chairperson, Conference Planning Committee

2. Invocation

Reverend Mel Scott, Senior Citizens' Commission; and Director of Pastoral Care, Northwoodcare Inc.

3. O Canada

Reverend Mel Scott

4. Introductions

Heather Praught, Chairperson Conference Planning Committee

4.1 Platform Guests

Professor Evelyn Shapiro, Keynote Speaker

Honourable Jack MacIsaac, Chairman,
Senior Citizens' Secretariat

Dr. James Perkin, President, Acadia University,
Conference Rapporteur

Dr. Fred MacKinnon, Director, Senior Citizens' Secretariat

Valerie White, Co-ordinator, Senior Citizens' Secretariat

Mrs. Joyce Woodworth, President, Kings County Seniors' Council

Reverend Mel Scott, Senior Citizens' Commission,
Director of Pastoral Care, Northwood Incorporated

Heather Praught, Chairperson, Conference Planning Committee

4.2 Conference Planning Committee Members

4.3 Key Senior Citizens' Organizations - Nova Scotia

4.4 Visiting Delegates

5. Welcome to Acadia University

Dr. James Perkin President, Acadia University

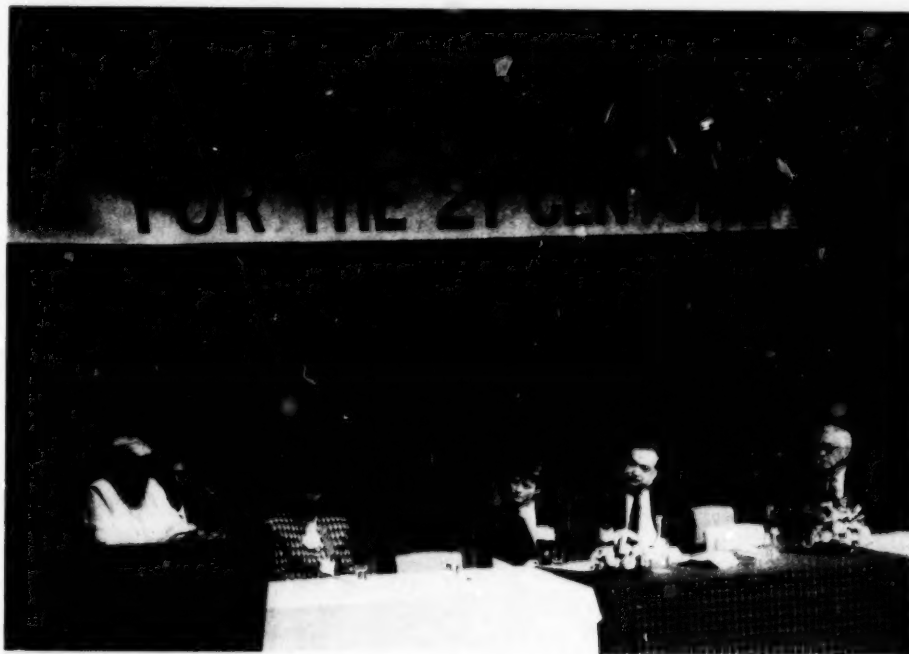
6. Greeting from the Province of Nova Scotia

Honourable Jack MacIsaac Chairman, Senior Citizens' Secretariat

6.1 Introduction of Staff

Senior Citizens' Secretariat

7. **Introduction of Keynote Speaker, Professor Evelyn Shapiro**
Dr. Fred MacKinnon, Director, Senior Citizens' Secretariat
8. **Keynote Address**
Professor Evelyn Shapiro, Senior Policy Advisor
Manitoba Department of Health
9. **Thank you, Professor Shapiro**
Valerie White, Co-ordinator, Senior Citizens' Secretariat
10. **Closing Remarks**
Heather Praught, Conference Committee Chairperson



L-R: Evelyn Shapiro, Rev. J. Melville Scott, Valerie White, Heather Praught, Hon. Jack MacIsaac, Dr. F.R. MacKinnon, and Joyce Woodworth



Planning With Seniors For The 21st Century

Keynote Address

Professor Evelyn Shapiro

Professor Evelyn Shapiro, BA, MA, senior policy advisor with the Manitoba Department of Health, brought her vast experience and knowledge in the fields of health care and geriatrics to the conference in her keynote address: *Planning With Seniors For The 21st Century*.

Professor Shapiro, who is also an associate professor with the University of Manitoba Medical School and a research associate with the Manitoba Longitudinal Study on Aging, has taught and written extensively on aging, geriatrics and seniors' issues. Her articles have been published by such journals as *Canadian Council on Aging*, *Canadian Journal of Public Health*, *The Gerontologist*, *American Journal of Public Health* and the *Journal of the American Geriatrics Society*.

Introduction

Madam Chairperson, Honoured Guests, Ladies and Gentlemen,

I am very pleased to be here with you today and I am particularly pleased with the theme. Its broadness gives me the opportunity to talk of many things. The wording reinforces the idea that seniors have to be included in the planning process. Finally, the title promotes a positive response toward changing demography. I get angry, and I hope you get angry too, with the constant references in the media to the elderly as causing a current or an impending "crisis". I get angry for two reasons. First, studies indicate that the growth in the number of elderly is not about to produce a crisis unless we as a society refuse to change in line with changing needs. Secondly, the term implies that elderly persons are to blame for what is happening. I call that blaming the victim because seniors will bear the brunt of inadequate or bad planning. It is, therefore, important for you to understand the issues and to play a major role in making sure that society makes the right decisions.

I plan to talk with you about many of the things you raised during the series of consultations which took place across the province. I will, however, give health issues a central place in my presentation because it appeared at the top or close to the top of your own agenda and because many of other issues you

raised are intimately related to it. Therefore, instead of addressing such issues as housing, income or safety individually and as distinct from one another, I am including them as I talk about health.

Demographic Trends

I am not going to drown you in statistics except to remind you that you are growing in number and as a percentage of the total population. This growth will continue with some ups and downs until early into the next century as our "baby boomers" age. The greatest percentage increase is occurring among the older elderly aged 75 or more. Very soon, among persons aged 80 or more, the oldest women will outnumber men of the same age by about two to one. These facts are important for a number of reasons. First, the older the elderly and the greater the proportion of women, the poorer they are likely to be and income level makes, as you will see, a critical difference in both health status and in ability to deal with other aspects of life. Second, female seniors are more likely than males to live alone, making it harder for them to manage when they encounter health problems. Third, the older the elderly, the more likely they are to run into health problems.

However, demographic trends over the same period will also affect other age groups and the changes will have both positive and negative effects on the elderly. The decline in the proportion of non-elderly will mean that health care resources can be reallocated to the elderly. On the other hand, this decline will have an impact on the number of nonelderly relatives and the manpower available to programs which are designed to help the elderly. The problem may be compounded by the trend of young and middle-aged women to enter or remain in the work force in increasing numbers. Nevertheless, we must also look beyond the future bulge in the number of elderly because the number of seniors then plateaus and declines. This means that we must be careful not to develop an oversupply of expensive resources such as long-term beds which will not be needed but which we will have difficulty reducing because communities will have developed an economic stake in keeping them operational.

How Healthy are Seniors?

Generally, almost two-thirds of elderly people living in the community rate their health as excellent or good. A very small minority report having difficulty with the basic activities of daily living (e.g. washing, eating), with a somewhat larger minority reporting problems with instrumental activities of daily living such as shopping and meal preparation. 15% say they recently spent time in bed and about 6%-7% are moderately to severely impaired in mental functioning. However, the proportion of elderly reporting problems increases with age and, perhaps surprisingly, considering their longer survival,

females report having more health problems than their male peers. Not so surprisingly, poor elderly have more health problems and die sooner than their non-poor peers.

The elderly's use of health care resources confirms their subjective assessment. Only 20% of the elderly are admitted to hospital during the course of a year but their admission rate and length of stay increase with age. In view of newspaper accounts of "blocked beds", it is important to note that most elderly who enter hospital go home relatively quickly. In fact, 5% of the elderly use 60% of the annual hospital days consumed by all the elderly. It is also important to note that dying at any age involves high hospital usage and more elderly are dying in any one year than younger persons. There is mounting evidence that fewer of the youngest elderly are being admitted to hospital and their places are being taken by the older elderly. This is as it should be since it is in line with demographic trends.

The use of nursing homes is increasingly largely confined to elderly persons age 75 or more who constitute 80% of admissions. In provinces with fully developed home care programs, the average age at admission to a bed is now about 85.

This is also true of community care. Although persons age 65 and more constitute 75% of home care recipients, only about 10% of the elderly receive any home care services in any one year and the majority of elderly who receive home care for long periods of time are persons aged 75 or more.

In summary, it appears that the youngest seniors are generally healthy and vigorous and that we as a society have a large pool of valuable persons who can make a major contribution to others. Since the elderly themselves have much to gain by involving themselves in useful activities on behalf of others, the challenge you face is to devise organizational frameworks in which these activities can take place.

How Healthy Will Seniors Be in the Future?

This question is, of course, as all such crystal-gazing questions, not easy to answer. One theory, with its supporting evidence, suggests that longevity will continue to increase but at a slower pace and within finite limits. However, elderly persons will remain healthy and vigorous longer and will have a shorter period of poor health before death. The other theory, with its own supporting evidence, suggests that, while increases in longevity are not as dramatic as they were within the recent past, survival time may well continue to increase but the increased life span will result in the longer duration of chronic disabilities.

My own opinion is that, to some extent, both points of view are right. Serious illness among the elderly, as measured by hospital usage, is already currently most often confined to about two years before death so, if survival is

longer, this period is likely to occur later. However, chronic physical and mental functioning problems increase with age so increased longevity is likely to increase their duration. We must, therefore, begin addressing this problem on four fronts. We must reorder our public expenditures to place a higher priority on supporting seniors' efforts to manage at home. We must spend more of our research dollars on finding ways to prevent or delay the debilitating effects of chronic disease. We must direct efforts and money to prevent illness and injuries rather than on providing hospital care. Finally, we must pay increased attention to designing housing which is both safe and adaptable to the aging of its occupants.

One final word about health. Almost 10% of the elderly who are hospitalized each year are hospitalized because of an injury and two-thirds of these injuries are falls. The vast majority of falls occur among women aged 75 or more and these falls have consequences beyond the period of hospitalization and recovery. In addition to the large number of nursing home admissions and deaths following falls, they erode the self-confidence of the elderly and the confidence of their families that they are safe at home. I urge you all especially those of you who are female and aged 75 or more, to make sure when you return home that your homes are safe, uncluttered places.

Income and Health

Canadian and other Western studies show that the poor die sooner than the rich. Furthermore, a recent Canadian study on males demonstrates that every additional \$10,000 per annum earned in middle age increases survival time in old age.

These studies highlight two principles. First, we have not achieved equity in health. This means we must all make concerted efforts to improve the health of the disadvantaged to the status enjoyed by the rest so that they may live to a healthy old age. I am referring here not only to our obligation to the elderly but to our obligation, old and young alike, to ensure that the environment and our work places are safe and that special attention is paid to women raising their children alone on minimum wage jobs or on welfare. Second, health and social status are intimately related. We can, therefore, achieve equity in health status only if we also implement other social policies which target those who live in or near poverty.

Our society has shown a greater willingness to implement compensatory policies for those who survive to old age than to those who don't. Slightly more than half of our elderly population in Canada receives some payment from the federal Guaranteed Income Supplement in addition to Old Age Security. These payments have succeeded in establishing a minimum guaranteed annual income for the elderly. Lower bus fares, special senior rates

for entertainment and education as well as senior centres act as compensatory mechanisms to encourage activity and social participation. Rent-to-income senior citizen's housing is one of the most important compensatory programs because it: 1) provides good housing at an affordable price; 2) targets the population who needs it most; and 3) targets those who are among the most likely to lose their capacity to remain in the community because they are less healthy than other elderly.

Even though we have been more generous in implementing compensatory social (but health-related) programs for the elderly than for the non-elderly, they do not "cure" the inequity in health status which results from a lifetime of social disadvantages. We must recognize that the elderly receiving The Guaranteed Income Supplement (about 60% of the elderly in Nova Scotia, but especially the very old and women), are still living below or near the poverty line, no matter which measure is used to define poverty. That is why your ability to organize yourselves to defeat the federal government's previous plan to attack the OAS was such an important victory. As you know, it has not stopped the federal government from further efforts which will gradually impoverish middle class elderly by the double penalty of the "claw-back" provision in the proposed changes to the Income Tax Act. In view of the multiple effects of low income on all seniors and its especially devastating effect on older women, I hope you will be as active and committed to fighting this new injustice with equal vigour.

Health Services

Now I want to turn to the following question: do we have the right policies and the right mix of health care services to meet the challenges of the 21st century? Since the elderly are more likely than others to require such services, the answer has important implications for you and those of us who will soon join the ranks of seniors. In asking ourselves this question, we must also ask whether the policies and mix of services meet not only the needs of most elderly but whether they meet the needs of those who are in danger of losing their capacity to remain in the community. My own opinion is that we have been making some progress but we still have a long way to go.

The two acts now commonly referred to as Medicare and the recent Canada Health Act assured us all access to medical and hospital services regardless of ability to pay and relief from pauperization resulting from lengthy or repeated hospitalizations. Perhaps most importantly of all, they encouraged the attainment of minimum national standards across Canada. We have a right to be proud of these accomplishments and we may soon have to fight to protect them since the recent federal budget decreased the portion it pays to the provinces.

However, because the provinces could share the cost of physician and hospital services, these became highly developed and sophisticated whereas other services especially important to the elderly such as community care are still underdeveloped and we still have no minimum Canada-wide standards.

At this time, when new money is hard to find, change in line with the needs of the increasing number of elderly and the decreasing number of younger persons means that we must redistribute our dollars but powerful forces make it difficult to implement change. A few examples will illustrate what I mean.

In most provinces with fully developed community care programs, hospitals consume about 65% of the health care dollars while community care consumes about 3%-4%. While expenditures for both have increased over the last decade, the proportion spent on community care has remained about the same or actually decreased despite the increase in the proportion of elderly. The main reasons are that hospitals are powerful institutions with P.R. experts and with direct access to government Ministries. They are thus able to use their influence to persuade the politicians, the press and therefore the public, with the wonders of new "whizz-bang" machines and miracle "break-throughs" so that we have begun to believe that we can't do without them although they are actually needed by very few, very sick, mostly non-elderly persons.

At the same time, community care generally struggles along trying to do the best it can to respond to the growing number of elderly who require its services. As a result, we all of us too often fall into the trap of believing that there is a crisis if one hospital bed is closed, but remain blind to the fact that it will not jeopardize the quality of care we receive and that the money can be better used to strengthen our capacity to help seniors. I hope you will all reorient your own thinking and begin to recognize that your needs will best be met if you don't believe everything you read in the papers, if you discard the prevailing myths and start working to ensure that public monies are redistributed to serve your needs.

Another example is the continuing pressure on community care to be more and more preoccupied with substituting for hospital care so that hospitals can discharge patients, even those requiring highly specialized services earlier than before when most elderly, especially as they age, enter the program not from hospital but from the community and require social supports, rather than medical services to deal with chronic conditions, disability, degenerative diseases or increasing frailty. I am not suggesting that early discharge from hospital is unimportant or that medical services are not needed by some elderly. In fact, research shows that long stays in hospitals are not good for the elderly and that good nursing and therapy services at home are vitally important when needed.

However, I congratulate your province for having started your province-wide community care program by targeting the elderly with minimum incomes and for having placed priority on developing home supports, the service most often needed by those who need help. Perhaps starting later than others has its advantages because it allows time to examine other programs and to consult with seniors. I hope that, when the program is firmly established, you will begin to encourage your government to broaden the eligibility criteria so that everyone who needs the program's services will have access when needed regardless of income even if those of you with more money are asked to contribute to the cost. I also hope that your program will increase its capacity to serve elderly persons who can leave hospital sooner if the required services are provided at home but I hope you make sure that this never becomes the be-all and end-all of community care.

Before I talk about the approximately 10% of seniors who need help to return to or remain in the community, I want to stress how important it is to use a greater proportion of our program dollars (as well as our research dollars) to find ways to prevent seniors from even having to get help to stay at home. Preventative programs to preserve eyesight, to preserve teeth or to install good dentures and to prevent falls are scarce although the literature is increasingly replete with data on what needs to be done and ideas on how to do it.

Now a word about the most vulnerable elderly who are teetering on the brink of having to move into long-term care institutions and how we can serve them as well as humanely and as cost-effectively as possible. Although we need to have the capacity to help them remain in the community, there are both cost and safety considerations which impose limits on our efforts. We must, therefore, make sure that our long-term beds are used to best advantage, that is, only for persons who are unsafe at home and/or cannot be maintained safely at a reasonable cost and that those most in need are admitted on a priority basis. Rather than building more and more beds to accommodate more and more elderly or allowing people to use these beds just because they can pay the cost, we must develop a system which will save these beds for those who most need them. The system is one which will accomplish three things. It will pick out those people who can manage, with help, to remain in the community and provide them with the necessary help. It will not permit persons who can manage at home to enter a long-term institution and it will make sure that the people who need to enter do so on the basis of the urgency of their need. Such a system already exists in B.C., Manitoba and parts of Quebec. Alberta, which experimented with it, has now decided to implement it province-wide and Ontario is considering a similar change. In all these provinces, the community care program is responsible for

operating the system because its staff is the most experienced in assessing whether or not staying home is a viable plan.

Housing and Health

Because I have just been discussing the needs of vulnerable elders, I will begin by noting the relationship of Senior Citizens' Housing (SCH) to health before I go on to focus on other aspects of housing. As I indicated earlier, the building of these apartments has made a major contribution to the welfare of the elderly by providing affordable housing to persons with limited means and a peer society to increase social contact and activity.

However, older elderly living in these units are more likely to run into problems than those living in their own dwellings. Research shows that the significant contributors to nursing home use, ranked in the order of their importance, are age, having no spouse at home, living in Senior Citizens' Housing, having recently spent time in hospital, having one or more problems with the activities of daily living (ADL) and cognitive impairment. The fact that living in S.C.H. is such a high risk factor should not surprise you. Financial and health factors are two of the most important reasons why elderly persons give up their previous living arrangements to move into these units. In fact, a recent study by Schank and Lough found that 78% of persons living in private housing reported their health as excellent or good as compared to 40% in S.C.H. It does, however, mean that there are substantial human and economic savings to be realized if we focus major attention on improving the adaptability of E.P.H.'s to aging tenants and enhancing their support systems as the tenants in the buildings age. For example, taking one apartment in an old S.C.H. building out of service to provide accommodation for an R.N.A. who can respond to a crisis or who can connect persons to resources, making some structural changes for special needs or developing a congregate meal program are relatively inexpensive ways to help people stay at home. Also, it shouldn't surprise you that living alone is a much larger contributor to nursing home admission than functional or mental impairment. This means that, even with such physical and mental disabilities, many seniors appear to be able to remain in the community if they have a spouse or other supportive person on the premises and that attempts to shore up a dwindling support system may yield substantial benefits in reducing or delaying institutionalization.

In regards to elderly persons living in their own homes, especially those who live alone or with an elderly spouse, I am afraid that what I am about to say will not please all of you. I think it is important for seniors to have choices in regards to their living accommodations but I think it is also important for seniors to consider both the cost and the advantages or disadvantages of the choices made. I know that in some communities,

options in living arrangements are limited. I also know the attachment one feels to a home in which one has lived for almost a lifetime or for many years. Nevertheless, a choice made on the basis of sentiment is not a good idea because the disadvantages can range from isolation to difficulty in coping with danger.

Just as I have always been an avid proponent of providing help to seniors and their families where they need it, I have always also been concerned that the help be the minimum amount required because receiving more help than needed runs the risk of making seniors overdependent. The saying that "if you don't use it, you'll lose it" is particularly relevant to seniors. I am, therefore, a strong supporter of seniors getting enough but as little help as they require and of their continuing to do as much as they can despite their limitations in order for them to keep as active and as healthy as possible.

I, therefore, want you, when the time comes, to seriously consider the advantages of not using yard work or snow shovelling services and not undertaking major home renovations (here I am not referring to minor but important things like adding or fixing stair railings) and opting instead for a move to accommodations which do not require the use of such services or major renovations. The advantages of a move may include not only maintaining your independence and reducing the amount of effort involved in managing household tasks but other advantages such as closeness to shopping, churches, transportation and an increased opportunity for socialization and recreation. If these kind of choices are not available in your community, you may want to encourage the public or private sector to provide them. Having made such a move myself to benefit from the foregoing advantages about four years ago in preparation for my soon-to-be senior status, I can attest to the adjustment time it requires but also to its marvelous possibilities.

Education, Recreation and Volunteerism

Seniors have a special stake in making sure that their minds continue to work and to expand. Growing old may mean memory lapses and taking longer to learn new things. But seniors have more leisure time than others to devote to learning and can make new discoveries which enlarge both the mind and soul. The secret is to be adventurous, that is, to be prepared to embark on new endeavours without worrying if you will appear less than perfect. Adventurousness will also pay off in new friends who perhaps share the same initial fears but who venture forth nevertheless.

I divide recreation into three kinds of activities: those which promote fitness, those which promote social activity and those which are passive. I think the first two are fun and necessary whereas I think the passive activity contributes little. This does not mean that watching TV or seeing a movie or

playing bingo is bad as long as it is balanced by active participation in the other types of programs. The main point of recreation should be to keep your mind and body active.

I have already said something about the large pool of seniors who are well and able to look beyond their own needs to the contribution they can make to the well-being of other seniors or to others who need their accumulated wisdom, experience and desire to help. Driving, phoning, visiting are well-known and important ways in which volunteers can enrich the lives of others. Reading to individuals with fading eyesight, using special skills or talents to lead specific activities, escorting persons who are reluctant to start alone to educational or recreational activities are only a few of the many possibilities.

Seniors in other parts of Canada have organized to train leaders, to train peer counsellors who can help persons with problems and to teach other seniors how to organize themselves to work to get what their community needs. You may find that not only do these actions promote new discoveries about yourself, that is, new talents and potentialities you did not know you had, but that you enable others to do likewise with marvellous results.

My mother always used to say that she'd rather "work out" than "rust out". It is a wonderful motto which I hope you will adopt. The payoff is more than personal growth and satisfaction. It is the acknowledgement by the individuals helped, by family and by the community of your value as a unique and special person.

Summary

When you talk of many things, especially at the end of a day and after a good dinner, it is useful to close by summarizing the main points I want you to remember when you sit down to discuss many of the subjects I dealt with in my presentation. These main points are:

- Don't worry about the closing of a hospital bed or about whether your community has the latest "whizz-bang" machine. Just make sure your community care and support program receives an appropriate share of funds so all seniors can use its resources temporarily or over a longer period when required.
- Organize to resist attempts to erode the income level of seniors whether directly or indirectly through the tax system. Remember that inflation, no matter how modest, can, over time, erode your buying power and make life more and more difficult at the same time that advancing age brings more problems.
- Keep active, become adventurous, try new things and encourage others to join you.

- Don't remain in your present accommodations at any cost but look for the type of living arrangement that allows you to live comfortably, make new friends and provides a peer support system which you can use when you need it.
- When you sit down to discuss what you and your community needs, make sure that you don't rely solely on impressions. Go out and get information directly from seniors, from service providers and from others so you can talk with some degree of authoritative knowledge about the subjects you are discussing.

Finally, make the most valuable contribution you can make to the lives of others by giving some time to your own growth and development and, even more importantly, to the lives of others. The rewards you will reap will contribute immeasurably to your own lives.

You have shown Canadians that you have the will and the skill to organize and to work together for change. Educate yourselves about health and social issues so that, when you fight, you fight for useful causes. Remember, you are growing in number, you vote in larger proportions than the rest of the population and you can make a difference in your own lives and in those of your peers.

Have fruitful discussions, point the way to all of us and remember, more and more of us are joining your ranks and we expect you to educate us, to help us take our place beside you so that we can be useful additions to your ranks.



Personal Safety and Security Workshop.
L-R: Joyce O. Morton, Sarah O'Connell



Conference Participants
Seated, L-R: Aleta Williams, Margaret Rolfe, Doris Evans, Uma Verma.
Standing: Donald Thomas, William Downey, Ernest Hanna

Conference Workshops

Education, Recreation, Volunteerism and Leadership Training

Increased life expectancy offers an expanded opportunity to invest our skills, knowledge and accumulated resources in our communities and cultures. How to ensure seniors have an opportunity to grow as individuals, to develop new relationships and interests, to acquire new knowledge and skills, and to continue to contribute to society will be the central themes of this workshop.

Workshop #1

Chairperson: Lucy Riley
Halifax Seniors Council
Resource Person: John MacLean
N.S. Sport and Recreation Commission
Resource Person: Joyce Kennedy
Institute of Pastoral Training
Resource Person: Martha Shinyei
Metro Volunteer Resource Centre
Recorder: Kevin Ryan
Health and Welfare Canada

Workshop #2

Chairperson: Brigitte Neumann
Women's Directorate, Nova Scotia
Resource Person: Robert H. Nichols
Dartmouth District School Board
Resource Person: Debby Smith
Recreation Association of Nova Scotia
Recorder: Jim Campbell
N.S. Sport and Recreation Commission

Financial Security

Adequate incomes are essential to personal independence and fulfillment. This workshop will review the strengths and weaknesses of private and public income support programs for seniors. Particular attention will be devoted to the adequacy of present pension plans and to what should be done to ensure future income security and pension programs meet the needs of seniors.

Workshop #1

Chairperson: Marilyn Gaudet
N.S. Department of Finance
Resource Person: Myron Lane
Health and Welfare Canada
Resource Person: John Webb
N.S. Department of Community Services
Resource Person: Jamie Duming
The Royal Bank of Canada
Resource Person: Barry Gaul
The Bank of Nova Scotia
Recorder: Louisa Patterson
Department of Veterans' Affairs, Canada

Workshop #2

Chairperson: Redvers Cainey
N.S. Retired Government Employees' Association
Resource Person: Josette Hyslop
Health and Welfare Canada
Resource Person: William Campbell
N.S. Department of Community Services
Resource Person: Bill Swift
Bank of Montreal
Resource Person: Barry Gaul
The Bank of Nova Scotia
Recorder: Jane McNiven
Canadian Pensioners' Concerned

Health Care

The rising cost of health care and the amount of health care dollars devoted to seniors continues to put pressure on an already strained health care system. What changes will be required to effectively meet the health care needs of seniors and how can we accommodate their rapidly growing numbers? What concrete steps can be taken to encourage health promotion and disease prevention by all ages? What has been the experience with homes for special care and what alternative health care options should we be considering for the future? These are some of the health care questions to be examined in this workshop.

Workshop #1

Chairperson: Sharon Marshall
Victorian Order of Nurses

Resource Person: John Malcolm
N.S. Department of Health & Fitness

Resource Person: J.A. MacIsaac
N.S. Department of Community Services

Resource Person: Cari vanLingen
Nova Scotia Heart Foundation

Recorder: Hope Beanlands
N.S. Department of Health & Fitness

Workshop #2

Chairperson: Larry Nestman
Dalhousie University

Resource Person: Dean Hirtle
N.S. Department of Health & Fitness

Resource Person: Fran Sutherland
N.S. Department of Community Services

Resource Person: Dr. John MacPherson
Canadian Red Cross Society

Recorder: Tom Regan
Acadia University

Home Care

This workshop will review the needs of formal and informal caregivers; examine the extent to which these needs are being met by our coordinated home care program; and seek the ways and means by which the individual, family, community and government can work together to address our most pressing unmet needs.

Workshop #1

Chairperson: Roberta Way-Clarke
Mount Saint Vincent University

Resource Person: Joan Redmond
N.S. Department of Community Services

Resource Person: Marie McCully-Collier
N.S. Department of Health & Fitness

Resource Person: Maureen Rogers
Northwoodcare Incorporated

Recorder: Susan Frenette
Hants Homemakers Services

Workshop #2

Chairperson: Reverend Dr. Gregory
MacKinnon

Home Care Advisory Committee, N.S.

Resource Person: Mary Ledwell
N.S. Department of Community Services

Resource Person: Pauline Thompson
N.S. Department of Health & Fitness

Resource Person: Joanne Lang-D'Echeverry
Upjohn Health Care Services

Recorder: Wayne Bona
Richmond County Social Services

Housing

Housing can enhance or hinder a senior's health and independence. A variety of housing options is required to meet the different needs, interests and lifestyles of seniors. The appropriateness, adequacy and affordability of present housing options and where we go from here will be the main theme of this workshop.

Workshop #1

Chairperson: Connie Wenaus
Dartmouth Seniors'
Multi-Service Centre

Resource Person: Dennis Kerr
N.S. Department of Housing

Resource Person: Charles Lienaux
The Berkeley Developments Limited

Recorder: Bertha Frison
Federation of Senior Citizens and
Pensioners and Senior Citizens'
Commission

Workshop #2

Chairperson: Roy Fraser
Kings County Regional Housing Authority

Resource Person: Jim Graham
N.S. Department of Housing

Resource Person: Kevin McCarthy
Truro Real Estate Limited

Recorder: Rev. J. Melville Scott
Nova Scotia Senior Citizens' Commission

Multiculturalism and Aging

The growing number of black, native and ethnic seniors brings greater urgency to the need to provide full access to mainstream services and to appropriately tailor information and communications programs to reach these special populations. This workshop will address existing shortcomings and examine what can be done to ensure all Nova Scotians have equal access to programs and services.

Workshop #1

Chairperson: Dr. Jeanette Auger
Acadia University

Resource Person: Theresa Meuse
Confederacy of Mainland Micmacs

Resource Person: Janice Walsh-Ward
Secretary of State, Canada

Resource Person: Barbara Campbell
Multicultural Association of N.S.

Recorder: Carolyn Thomas
Nova Scotia Human Rights Commission

Personal Safety and Security

Safety and security concerns can be barriers to independent living for seniors. This workshop will examine what can be done to combat accidents in the home, crime, theft and fire, and consider how we can use technology to enhance our safety and security. Special attention will be directed to ways and means of addressing elder abuse and neglect and consumer fraud.

Workshop #1

Chairperson: Margaret MacKinnon
Pictou County

Resource Person: Lloyd Mitchell
Nova Scotia Safety Council

Resource Person: Nancy Cochrane
N.S. Department of Community Services

Resource Person: Cst. Claude O'Hara
Royal Canadian Mounted Police

Recorder: Ron Whiting
N.S. Department of Consumer Affairs

Preparing for Retirement

Retirement Planning means physically, financially and psychologically preparing for the many changes following retirement. This workshop will examine the need for retirement planning, when it should begin, what it should include, whose responsibility it is and how and by whom it should be given.

Workshop #1

Chairperson: Joy Bishop
Advisory Council on the Status of Women

Resource Person: Dr. Mervin Chen
Acadia University

Resource Person: Daniel MacLean
N.S. Department of Advanced Education
and Job Training

Resource Person: Don Summers
Michelin Tires (Canada) Limited

Recorder: Dr. Harold Shea
Senior Citizens' Secretariat

Seniors and Their Health Problems

Health problems are a major concern of seniors. Chronic conditions limit their capacities and mobility, representing a major barrier to their independence. This workshop will identify major physical and mental health problems and examine what can be done to prevent or minimize their debilitating effects.

Workshop #1

Chairperson: Patricia Conrad
City of Halifax, Community Care

Resource Person: Dr. Roy Fox
Camp Hill Medical Centre

Resource Person: Theresa Marie Underhill
N.S. Department of Health & Fitness

Resource Person: Douglas Crossman
Canadian Mental Health Association

Resource Person: Dr. Jim Silvius
Camp Hill Medical Centre

Recorder: Myrna Slater
Canadian Pensioners Concerned

Workshop #2

Chairperson: Eleanor Fraser
Town of New Glasgow

Resource Person: Dr. Kathleen MacPherson
Camp Hill Medical Centre

Resource Person: John Martin
Metropolitan Mental Health Planning Board

Resource Person: Jean Shaw
Elderobics Association of Nova Scotia

Recorder: Dr. Mary O'Brien
Mount Saint Vincent University

Transportation and Mobility

Mobility is fundamental to quality of life in old age, yet it is often overlooked. This workshop will identify the basic requirements of an effective year-round transportation system for urban and rural seniors and consider how and by whom such a system can best be implemented.

Workshop #1

Chairperson: Edith Comeau-Tufts
Fédération acadienne de la Nouvelle-Écosse

Resource Person: George Mansfield
N.S. Department of Transportation
and Communications

Resource Person: Don Mielke
Metropolitan Authority —
Metro Transit Division

Resource Person: Myrna Ells
Nova Scotia Disabled Persons Commission

Recorder: Janice Keefe
City of Dartmouth, Social Services



Planning With Seniors For The 21st Century

Conference Summary and Discussion

May 16, 1990 2:00pm
Auditorium, Harvey Denton Hall
Dr. James Perkin

Planning With Seniors For The 21st Century was very pleased to have Dr. James Perkin, BA, MA, D.Phil and DD (honoris causa), president and vice-chancellor of our host university, Acadia, summarize the conference proceedings.

Dr. Perkin, who was born in Northamptonshire, England and attended Oxford University, England and Strasbourg University, France, has held several distinguished academic positions and written numerous books, essays, articles and reviews. In 1986 he received an honorary Doctorate of Divinity Degree from McMaster University, Hamilton, Ontario.

Dr. Perkin has held a number of executive positions on numerous committees and associations including: vice-president and later president of the Nova Scotia Gerontology Association from 1977-81 and chairman of the Acadia University Senior Citizens' Committee, 1975-77.

Dr. Perkin has given the keynote address at many major provincial and national conferences, seminars and workshops. He was the Chief Rapporteur at Nova Scotia's First Provincial Conference on Aging and the Aged held in Antigonish in 1984.

Platform Guests:

Dr. Fred R. MacKinnon - Chairperson
Director, Senior Citizens' Secretariat

Dr. James R. C. Perkin - Chief Rapporteur
President, Acadia University

Heather Praught, Chairperson, Conference Planning Committee

Gregory Gammon, Chairperson, Program Committee

Conference Summary

The following is a summary of the Conference workshops by Dr. J.R.C. Perkin, Chief Rapporteur. Dr. Perkin has revised his report to reflect the major points raised by the Conference participants in the discussion period that followed his presentation.

Introduction

There were high expectations of this conference and I believe they have been fulfilled. As President of the host university I can express relief that, to this point at least, the four hundred seniors and professionals at this conference have behaved themselves reasonably well. I have had no complaints from the Town Police and the Director of Security has not sought an urgent interview. However, the Food Service Manager has expressed astonishment at the appetites of the delegates. Coming from a man who regularly feeds 1500 students, including athletic teams, this expression of astonishment is a remarkable thing!

As I read the background material, talked with delegates, listened to Dr. Shapiro, and heard reports from the workshops, I developed a feeling that there is a new force in the land in the 1990s.

During the late 40s and 50s we witnessed the impact of the veterans of the Second World War as they flooded the universities, sought jobs and established families.

During the 1960s and 1970s we experienced the impact of the baby boom as the children of those veterans passed through the school system and then entered university. The youth culture developed, affluent, rebellious and vocal. Society learned to live with a new social force and young people were recognized as a major new consumer market.

The 1980s were different. Young people were more conservative, less rebellious, more industrious and recognized the need for education. A new word came into the language - YUPPY - the young, upwardly-mobile people, often with a house, two children, two cars and two incomes.

I wonder if this conference has given us a clue to the nature of the 1990s - the age of the seniors. A lot of those now officially regarded as seniors experienced the constraints of the Depression and the dangers of war. They have worked hard for what they have and are unwilling to see their independence taken away.

So it is not surprising that the key documents for the conference do not deal with what society says **about** seniors, not with what professionals say **for** seniors, nor even with what we all say **with** seniors; the central information is **what seniors say**.

These two factors - the recognition by society that there are many seniors, and the insistence of seniors that they speak for themselves - provide a unique framework for this conference.

There is one other factor about this conference which is noteworthy, namely the extensive and thorough nature of the background documents which were prepared over a period of more than two years. In my opinion, this material is sufficiently important that one or two items should be noted.

Background

The study that has taken place assesses the impact of the increase in the number of seniors on programmes and services offered by the government and voluntary sector. There is also a clear recognition of the role families play, or, in some cases, no longer play.

In 1956 it was thought that by the year 2000 the population of Canada would reach 50 million. It is now plain that, ten years from now, our population will almost certainly be less than 30 million. Within that framework there is a declining birthdate, a reduced level of immigration and a longer life-expectancy.

In 1956 there were 1.2 million seniors in Canada; in 1986 the number had more than doubled to 2.7 million; the projection for 2000 is 3.9 million.

Another important, and perhaps slightly frightening figure is the one which indicates how many people are in the work force for each senior.

- in 1956 the figure was 7 to 1
- in 1986 the figure was 6 to 1
- for 2001 the figure may be 4.5 to 1.

We learn from the studies that in Nova Scotia 11.9% of the population is over 65, while another 8.6% are (delightful phrase, this!) "near-seniors". At the moment there are fewer than 5 persons in the work force in Nova Scotia for each person over 65. In some counties almost one person in three is a senior citizen.

The documentation also reflects the public meetings held in 20 locations in the summer and fall of 1988. Some 500 individuals, mostly seniors, attended the sessions and 86 briefs were received.

From this extensive consultation certain issues emerged and have been taken up in this conference. Let me summarize what I think are the central themes and topics.

1. Senior citizens wish to remain independent. They do not wish to be or become a burden on others, whether family, friends, the community, the province, or the country.
2. Seniors desire to keep the present gains they have made. They do not wish their degree of security to be eroded, nor to be vulnerable to changes over which they have no control.
3. Concerns focus on health, income, housing, transportation, information, personal development and security.

We now turn to the main purpose of this report — to summarize the conclusions reached in the workshops. This was not an easy task. Not only was the background material extensive, but many delegates had studied it closely and either agreed or disagreed with it, providing a wide diversity of views. The fact that a total of 30 possible workshops were scheduled meant that the reports were numerous and it was not possible to reflect each opinion that had been expressed. However, there was consensus on some points and a number of perceptive comments were made by participants and faithfully reported by workshop scribes. I have included such quotations in what follows.

Perhaps the easiest way to organize the material is to use the titles of the workshops as headings and summarize the comments on a point-by-point basis.

Workshop I

Education, Recreation, Volunteerism and Leadership Training

1. Several members in these workshops stressed the importance of bringing about a change of attitude within society such that seniors are perceived not as a problem or a liability, but rather as a resource and an asset to the community. Today's seniors have a wealth of experience and have lived through a period of rapid and radical change. Their insights may be of considerable value to younger generations.
2. Closely linked with this concept, is the idea that inter-action between different age groups and even integration should be encouraged. Sometimes seniors, because of lack of transportation or physical infirmity, are unable to move about as much as they would like within the community. Activities which draw together members of different age groups are to be encouraged.
3. It was noted that many communities have facilities which are not fully utilized. For example, schools and community colleges might not be fully occupied in the evening, while service clubs and churches may be able to accommodate various meetings during the daytime.
4. It was observed on many occasions that it may be undesirable, as well as unproductive, to expect a great deal of direct government involvement with seniors' activities. The role of government was seen as one of facilitation, innovation and encouragement.
5. This means that seniors must be encouraged to take more responsibility for themselves and for other seniors. As one participant put it "Seniors need to start helping each other". This helping must cut across many barriers which exist, not only those of former occupation and income level, but also ethnic origin and length of time in the community.

6. It must be recognized that some seniors are simply not "joiners". It is important to allow those who wish to be independent to enjoy their comparative isolation; however, sometimes all that is needed is an invitation to participate, to develop new interests and meet new people, and to take positive steps to avoid becoming reclusive.
7. Among the many opportunities which currently exist are those in the educational sphere. Most universities offer to seniors the opportunity to attend courses either free of charge or at a minimal rate. Programmes of high educational content are available on television networks. The phrase "life-long learning" sums up an important reality and seniors may have opportunities for educational activities which formerly were not open to them.
8. In discussing these matters, one workshop recorded a note concerning the importance of physical health. Good health is the basis of so many other activities and it must be recognized that those who do not enjoy this blessing face obstacles to participation not experienced by others.
9. Despite the fact that there are more activities open and available to seniors than ever before, information concerning these things frequently does not reach those who would be most interested in them. A need was noted for innovative proposals for acquainting seniors with the wide range of activities available in most communities. Some very practical suggestions along these lines occur later in this summary.
10. It should be borne in mind that many seniors do not wish to attend more meetings or join more clubs, but would like to exercise leadership on a volunteer basis. Here the problem appears to be that it is often difficult to make the initial contact in order to offer one's services. Where there is no local seniors' centre a great deal of time may be spent in trying to find out to whom one should volunteer.
11. In almost every workshop, whatever topic was under discussion, the need for transportation was stressed. There are few regions in Nova Scotia which have frequent and reliable public transportation. Comments on this matter occur elsewhere in this report.
12. In almost every group comments were made on the role of the churches within various communities. There is a real fear that churches have become very family oriented and may have lost something of their traditional influence with and service to the senior community.

Workshop II

Financial Security

There was clear recognition by participants in this workshop that money is important. It cannot buy health or happiness, but it may make a healthy life much more enjoyable and satisfying, and so help to produce happiness. While these facts are appreciated, it is also recognized that even the simplest financial arrangement may appear bewildering to someone who has no background in these matters. In the words of one group member "finances are important, confusing and complex".

1. A very practical observation made in one group asserted that "there is a golden rule - never assume that you will have enough money in retirement". There was special recognition of the fact that widows who are elderly are likely to experience acute need. In this particular segment of society the lack of money may easily deprive individuals of dignity and a proper enjoyment of life. One delegate commented on the various changes which have been taking place in society - a steady inflation rate, changes in regulations, and certain new needs. She stated "I feel as though I have been in a long line. Just as I reach the door, it is closed".
2. Continuing along the lines of offering practical advice, one group made the comment that young people should be urged and encouraged to plan for retirement from an early age. Once an individual has reached the age of 50, it is too late for the most effective financial planning to begin.
3. One way of dealing with these problems would be to encourage employers to improve pension plans. In this way money can be put aside almost without the individual noticing what is happening.
4. There has been an erosion in the purchasing power of pensions. This has happened at the same time as various levels of government have found it necessary to reduce support for certain social programmes.
5. Senior citizens appear to be as divided as the rest of society on the question of whether old age security is a "sacred trust". Those who view it in this way are totally opposed to the "clawback". Many others do not object to the clawback as long as the expenditures thus avoided by government go to help seniors who are really disadvantaged. There is almost universal opposition to a clawback which would benefit only the federal treasury.
6. There was also clear division on the matter of taxation, although it would appear that a majority would favour tax increases to provide more money for government, should it be needed. In short, tax increases are always unpopular, but are regarded as a fair means of raising new money.
7. Viewing these comments from another perspective, it was commented that a higher level of taxation is preferable to having further cuts in

- government spending for social services. However, it was immediately recognized that some families are extremely hard hit by the present tax level and that it is almost impossible for a couple to purchase a house unless both partners are gainfully employed.
8. An original suggestion was put forward to celebrate the 25th anniversary of the Canada Pension Plan. The proposal was made that contributions to the plan should be increased and the anniversary celebrated by using the additional income to eliminate the national debt!
 9. Inevitably, discussion of financial matters raised the question of whether government priorities for spending are always defensible. There was a considerable amount of criticism of the fact that government appears so anxious to create new jobs that all kinds of dubious business ventures are supported. These ventures receive government funding but often survive for only a short time.
 10. Some seniors are able and willing to enter on a second career, either on a voluntary or a remunerated basis. Some may wish to enter college or university as students, whereas others may act as resource persons in the classroom. In the latter capacity they may act as teachers' aides, may be able to offer individualized attention to students, may share their experiences with younger students, or may possess photographs, pictures, and books which may be used to illustrate historical projects.
 11. Several comments were made on the importance of coordinating the delivery of service to seniors and, in particular, of providing financial information in a readily comprehensible way.
 12. One original idea was that a five minute presentation on some aspect of finance for senior citizens might be made immediately prior to the local bingo game. Another participant suggested that one way of ensuring that seniors at least see a written communication would be to place it in the envelope containing the pension cheque.
 13. Once again, the importance of communication was stressed and the opportunities afforded by television, local newspapers, church announcements and notice boards were recognized. It was also suggested that a small group of centrally-trained and knowledgeable individuals might visit the various communities to convey information to seniors, whether about housing, finances, security matters, health questions or any other matter of prime interest.

Workshop III

Health Care

The workshops on Health Care were among the best attended and most productive sessions. It is obvious that seniors share a real concern about health care in all its aspects, from simple preventive medicine to the availability of the most sophisticated surgical and medical treatments. Not surprisingly, these sessions also produced a number of excellent practical suggestions, which are reflected in what follows.

1. The most important requirement in health care for senior citizens is that there be "continuity of care". By this is meant that seniors should be made aware of simple preventive medical practices and techniques, that some tests and treatments be available to them in their own homes, that understanding be shown when surgical treatments are necessary or relocation of an individual becomes imperative, and that the importance of family and community be fully recognized.
2. It was recommended that some tests and treatments, such as the taking of blood and urine samples and the checking of blood pressure, be taken at home. It may also be possible for certain kinds of physiotherapy to be administered in the patient's home.
3. It is recognized that home care is not only much cheaper than institutional care but is usually much better for the patient. Therefore universally available home care was recommended, even if it means that a modest charge must be levied. One of the points which emerged here, and which was reinforced on many different occasions, is that the range of services available in the city is much more extensive than is the case in rural areas. While in most instances this is accepted as a fact of life, there is also evidence of considerable resentment beginning to arise because of the absence from rural areas of specific services.
4. It was noted on several occasions that the medical and pharmaceutical professions are usually meticulous in recording precise instructions concerning the taking of drugs. However, this sometimes adds to the confusion, because some seniors are illiterate and yet are afraid to admit it. It was recommended that different kinds of medication might be placed in different coloured packages or that a series of symbols be designed. The whole question of packaging for the benefit of individuals who are not functionally literate merits considerable attention.
5. One of the commonest and most frustrating aspects of aging may be the gradual loss of hearing. This not only interferes with normal conversation, but means that medical conversations have to be shouted, embarrassing the patient by the lack of privacy. There is urgent need for the development of better and more reliable hearing aids, which should be available free of charge to seniors judged to need them.

In the same way vision impairment is common in the elderly. Some causes of impairment require surgical treatment, others require regular visits to the optician and the provision of new glasses. In cases of both hearing loss and vision impairment special clinics should be provided for the elderly; some testing could be done at home.

6. Great stress was placed on the role of the family physician and it was noted with gratitude that the practice of family medicine appears to be regaining some of its former status. One participant commented that there are situations in which "sympathy may be of more value than medication". It was noted that depression is a common problem for the elderly and that a sympathetic physician may be one vehicle through which depression may be overcome. A strong case was presented for the belief that patients should be able to decline invasive or painful treatments. While the question of euthanasia was not specifically raised (or at least not reported), there seemed to be a tacit understanding that seniors should have the option of refusing certain kinds of treatment whose effect was mainly to prolong life.
7. There was extended discussion about Pharmacare. One participant commented that "doctors and patients must both take responsibility for a more prudent use of medicine". It is believed that many drugs are wasted because doctors do not periodically review prescriptions and, in order to reduce the number of office visits, may sometimes over-prescribe the number of doses. On the other hand, there is evidence that some patients feel cheated if they visit the doctor and are not given some medication. In fact some seniors are known to boast of the number of prescriptions which they have! One of the major problems arising from the prescription of drugs is that almost all of them have known side effects. Often these are not explained to the patient. Sometimes the side effects are so severe that a further prescription to counteract them is prescribed. If the patient does not deal with a single physician, he or she then becomes the victim of a chain reaction. While it is important for seniors to have some pharmacare-type of plan, not all welcome this development. One person commented "I feel as though I am on welfare when I receive free drugs". Several not only did not object to paying \$3 for each prescription, but stated that, if the quality of the health service as such is at stake, they would be willing to pay more.
8. As one follows the continuum of medical treatment, there comes a point where an individual may have to leave his or her home and enter some form of institution. There is evidence that some seniors delay consulting a physician for fear that they may be sent to a nursing home. This feeling of vulnerability is graphically summed up in the statement of one individual who stated that she was allowed to stay at home "until they make up their

mind to move me". In a different group the same point was made by a delegate who suggested that an individual loses his or her "say" once he or she gets into the health care system.

9. Among the practical suggestions which were advanced was the proposal for the establishment of day care centres for the elderly who could be taken to the centre and collected in the evening by members of the family. The same principle may apply to centres for respite care in which an elderly person could spend two or three weeks in order to give a break for family members who are normally exercising supervision and care.
10. A point frequently made is that there is an urgent need, and a need likely to increase in scope, for extended care facilities in Nova Scotia. As the number of elderly persons increases, so the need for a series of extended care facilities will grow.
11. Many comments were made about the professionals who deal with senior citizens. There is general appreciation of the role which professionals play and of their desire to be understanding and supportive to the elderly. However, it was also stressed that there is a need for continuing education of all professionals who deal with the elderly and for frequent refresher courses, not only to upgrade technical knowledge, but also to refine the human aspect of the profession. This was rather well summed up by an individual who observed that professionals must remember that "old age is not a disease".
12. There is a real concern among senior citizens that some of the progress which has been made in health care may be lost, either because the number of seniors will overwhelm the system, or because there will actually be reductions in the services available as a result of financial constraints.
13. Should the developments mentioned above take place, it may be that the role of the Victorian Order of Nurses and the Red Cross will assume a new significance. Already excellent work is being done by a small, dedicated group of individuals.
14. One way in which hospital costs are being reduced is by the introduction of Day Surgery. This refers to surgical procedures performed in a hospital on a patient who then returns home at the end of the day, even if general anaesthesia has been administered. One of the drawbacks of this practice as it relates to seniors is that they may not be able to return home in the evening. They may need a few more hours or a day of medical supervision before it is safe to allow them to return home.
15. Once again, the point was made that different individuals have different beliefs and value systems and may belong to different minority groups. If these differences can be recognized and respected by the health

professions, the patient will be more comfortable and the treatment may, as a result, be more effective.

16. One new point which emerged in these discussions is that seniors are becoming aware of noise pollution. While we normally associate these complaints with the squealing of car tires or the passage of jet aircraft, we should also remember that hospitals and other institutions are usually very noisy places; seniors resident in them very often find it doubly difficult to get proper rest.
17. Some comments were made about nutrition for the elderly and in this connection one excellent suggestion was made. It was put thus: "if cooking for one is boring, organize a group to form a travelling meal club". Such an arrangement would mean that four or five people might meet in different homes once each week to enjoy a meal together. The company is refreshing and there is a challenge for the hostess to provide a nutritious meal.

Workshop IV

Home Care

As part of the continuum of Health Care the availability of Home Care is a crucial stage. In days when institutions and facilities are expensive to build, maintain and staff, the provision of any service which enables a senior citizen to remain at home and enjoy a measure of independence is both economically sound and socially desirable.

1. In common with the groups on Health Care, the participants discussing Home Care urged that certain simple medical and physiotherapeutical tests and treatments be done at home.
2. Home care is a vital service, but it may not be easy to hire the right kind of people, because they are much sought after by hospitals, nursing homes and various centres.
3. In order to encourage appropriate people to participate, incentives may be needed. The pay is not particularly good; perhaps the rates could be increased if Home Care included an element of user-pay. There was a surprising degree of acceptance for the concept of user-pay, applied on a selective basis.
4. An important warning was sounded in one group. It is possible to provide too much home care, discouraging the recipients from getting out into the community, and "institutionalizing people in their own homes".
5. One concern is that home makers seem not to have enough time to do all that is necessary. Some are incapable of performing certain heavy tasks, while others have too many homes to visit. It was suggested that the ideal home care system would include the possibility of evening and week-end visits.

6. There is a wide scope for volunteer work in connection with home care, although it was recommended that a trained, paid professional person is needed to coordinate volunteer activities if they are to achieve maximum efficacy.
7. Although volunteers fulfil many praiseworthy tasks, it may be that optional training could be provided for them. Perhaps they could be reimbursed for travelling expenses, where appropriate.
8. One piece of volunteer work which has led to confusion and surprise relates to transport. Many delegates expressed concern that, if seniors remunerate the car-owner who drives a group to a meeting or on a short tour, should there be an accident, there may be problems with the insurance coverage. Some definitive information on the law and insurance company policies on this issue would be most helpful.
9. The role of the family in providing home care for the elderly and infirm was recognized. There was also recognition of the fact that children (usually daughters) may be called on to care for aging parents while attempting to bring up a family and perhaps pursue a career. As people live longer there are many instances where a woman already past retiring age, is attempting to look after her parents.
10. The question was raised whether one can buy insurance which will provide home care in specific circumstances such as on discharge from hospital.
11. Underlying many of the comments is an attempt to balance a recognition that there comes a point where an elderly or infirm person is no longer safe alone and a concern not to remove an individual's independence before it is really necessary. While one participant commented "There is a level of risk which is unacceptable", another stated "People have a right to live at risk".
12. Three observations made in several groups, whatever the theme, may be summarized here.
 - a) It is essential that administrators perceive the ways in which rural society and its needs differs from life in urban areas.
 - b) The church has a long tradition of voluntary service to the community; is there a danger that the special needs of the elderly are being overlooked?
 - c) The special needs of ethnic minorities must be recognized.

Workshop V

Housing

The background material in relation to this topic stressed the importance of appropriate, adequate and affordable housing. Responses and comments were largely related to these themes and stressed the desirability of enabling seniors to stay in their own homes as long as it is practical to do so.

1. Most homes are still being built with young couples or families in mind, or to accommodate the "executive" or "two-career" household. There is a need for an imaginative approach to designing and constructing new homes for seniors. In order to make this feasible, senior citizens must articulate their needs and requests in specific terms, not in a purely general way.
2. One group described a project designed for the financially secure — a hotel-like complex of enriched housing, incorporating a library and theatre, and having its own medical staff.
3. Several practical suggestions were made in connection with the more standard kind of senior citizens' housing. For example, it is known that pets not only represent companionship, but may actually encourage and promote healthy lifestyles; however, very few senior housing projects allow the keeping of pets. What is needed is accommodation with a full range of facilities and services, including laundry appliances, mail delivery and visits by physicians. Elevators are an essential part of any building intended primarily for senior citizens. The availability of close and adequate parking facilities, well lighted and fully paved, was also stressed.
4. This leads to the development of the "retirement village" concept - an idea strongly advocated by some, but rejected with equal vigour by others, who believe that older people should be able to live in normal (rather than artificial) communities, mixing with residents of all ages and participating in community activities.
5. One participant asked rather plaintively what could be done to ensure that seniors resident in special facilities comply with the instructions given in relation to fire drills. Unfortunately, the group reporter faithfully recorded the question, not the answer, if any!
6. Many comments were made about the steps that could be taken to enable seniors to keep their independence as long as possible. For example, could a scheme be developed to provide emergency lighting for regular homes in which seniors are living? Could the process of handling applications for grants to renovate and alter older homes so that they are appropriate for older residents be speeded up? Sometimes the change in a person's degree of mobility is quite sudden and a prompt response is needed.

7. When seniors are seeking rental accommodation they are often unaware of their rights; a simple brochure, outlining the relevant legislation and suggesting issues of special concern, would be of considerable help.
8. When seniors move from one area to another there may be a long period of adjustment. It was suggested that communities be encouraged to make arrangements to welcome seniors who move in to the district.
9. Volunteer help is usually to be welcomed, but occasionally it is more enthusiastic than skilled, and seniors may find that a plumbing or wiring job has been completed but does not conform to the building code! The availability of professional advice and supervision might make it possible to avoid certain problems. It was also noted that some contractors are willing to take advantage of older people. Advice from a trustworthy and knowledgeable friend may help to avoid the dangers arising from unscrupulous contractors.
10. One practical suggestion was that the concept of shared housing be examined. A senior, living alone and owning the house, should be able to choose someone to share the accommodation on an agreed basis. Perhaps a model outline agreement could be drawn up, summarizing the points on which the parties should agree in advance.
11. In these workshops, as in others, there was frequent insistence that the special needs of rural communities be recognized.
12. There were many positive and appreciative comments about the progress made in recent years in the area of housing. While the seniors are willing to give credit where it is due, they also resent the authoritarian attitudes sometimes displayed by housing authorities or those responsible for the administration of senior citizens' homes.

Workshop VI

Multiculturalism and Aging

In the background of many comments made in these workshops is the observation reported in the background material, that to be old, female and a member of an ethnic minority may constitute a triple jeopardy in today's society.

1. It was noted that there is a lack of information, and hence a measure of ignorance, about ethnic minorities. Some members of these minority groups feel that issues specifically related to them are put "on the back burner".
2. A strong plea was made for recognition of the spiritual needs of members of ethnic minorities. Chaplaincy services and spiritual counsel are just as important to them as to adherents to the Christian faith.
3. One of the points at which membership of an ethnic minority may lead to a special disadvantage is when an individual whose command of English

is minimal wishes or needs to consult a physician, lawyer or counsellor, etc. Often the professional will have to make a judgment based on the information received, but that information may be sketchy or even unreliable because of linguistic difficulties. There is an important piece of voluntary work for people with translation skills.

4. A complaint was made that commissions, hearings and other forms of enquiry frequently do not visit ethnic communities and hence seldom hear from a group of people who have special needs and also a distinctive contribution to make.
5. Ethnic minorities now constitute just over 6% of the Canadian population and more than 13% of the Seniors in Nova Scotia report a single or multiple ethnic origin other than British or French. These percentages are likely to increase as a result of immigration policies.
6. Discussants appear to have been very conscious of the Marshall report and the incidents at Cole Harbour High School. More must be done to promote understanding and racial harmony.
7. When committees are established, members of minority communities should be invited to serve.
8. There is a growing disquiet among the Black and native Canadian groups in Nova Scotia. They feel that the response of society, either generally or through agencies, including government, has been to hold meetings and conduct enquiries; very little concrete action has taken place.

Workshop VII

Personal Safety and Security

Seniors are very conscious of the fact that our society seems to be increasingly violent. They often have powerful fears about personal danger, either real or imagined, and this increases their sense of vulnerability.

1. The statement of Dr. Evelyn Shapiro in her keynote address to the conference obviously had a profound effect.

I urge you all, especially those of you who are female and aged 75 or more, to make sure when you return home that your homes are safe, uncluttered places.

2. The need for an alarm system in each home where a senior lives alone was stressed. Some would take this one step further and advocate the carrying of a device which could be used to alert a central office of an emergency situation!
3. The role of the police changes as society changes. One result may be that police officers now have little time or opportunity to assist the elderly. Police are no longer as visible on the streets as they used to be.

4. The role of neighbours in relation to the elderly may be crucial. Some neighbours are willing to telephone an elderly person at a set time each day. This is not only a practical piece of service, but it brings peace of mind to the recipient of such calls.
5. Another practical suggestion was that a special brochure be prepared, providing a kind of check list for having a secure home (e.g. Are the basement windows closed?) and giving useful information about such matters as carrying money when travelling.
6. In the present technological age the appliances we use are increasingly sophisticated. Improperly used, these appliances may become dangerous. Instructions should be clear and the dials and controls clearly marked.
7. Unfortunately, the term elder-abuse has come into common use because it represents a reality in the contemporary world. The abuse may be physical or psychological and ranges all the way from thoughtlessness to brutality or neglect. Participants recorded their views that elder abuse should always be reported. To know of abuse and not report it may result in the continued suffering of an older person.
8. After stressing the need for care and self-promotion, one group added a cautionary comment. Some seniors retreat behind so many locks and security devices that in an emergency those wishing to help would not be able to enter the house unless they are willing to break a door or window!

Workshop VIII

Preparing for Retirement

Those who have entered their retirement years are unanimous on one point - that planning for retirement is essential. To be effective, planning must begin early and be based on accurate up-to-date information.

1. Participants recommend that every community arrange meetings at which retirement planning is the topic. The emphasis should not be purely financial, but deal with the psychological adjustments which have to be made. Such meetings should be primarily for those about to retire, but should also take a much longer view.
2. There was general recognition that retirement may be much harder for labourers than for professional people. The latter have many opportunities for voluntary service and may be able to continue their work on a part-time basis. So while an accountant may find it easy to move gradually into the retired state, the construction worker is usually faced by a radical change in the space of a few hours.
3. In the workshops and seminars currently available for those preparing to retire, the resource people are usually professionals in the middle of their careers. It is recommended that those who have actually retired should assist in the planning and presentation of retirement seminars.

4. A matter of concern in several groups dealing with different topics is the perception that prudence may be punished. Those who have planned carefully for retirement, perhaps at the expense of some things they would like to have bought or done, may then be judged not to be "needy" and required to pay for items or services given without charge to those who were less thrifty during their working careers. If there is to be a "clawback" it may well be that some careful planners and savers are penalized, while others reap the benefits.
5. Special mention was made of the group usually referred to now as single parents. If their circumstances do not change, they will reach retirement age with little, if any, financial support. Among this group are many who are employed on a casual or part-time basis and hence have no fringe benefits. They will have no pension, other than income from the Canada Pension Plan, and so may face very constrained circumstances after retirement.
6. Some introductory comments by the minister responsible for the Senior Citizens Secretariat, the Hon. Jack MacIsaac, were taken up in several groups. He noted that a pension is not a reward for service, but a pre-paid investment, an entitlement. He also commented that young people in the work force are usually not seriously interested in matters related to insurance and pensions. Employers should encourage all employees to become informed about the importance of planning for retirement.
7. There was recognition that retirement may mean a major change in lifestyle. If one partner has been at home and the other at work outside the home, the retirement of the latter means a fundamental change for both partners. Sometimes the one who has been at home (usually the woman) finds that her partner's presence throughout the day disrupts her pattern of life and may threaten some of the friendships she has built up over the years. With good reason the background material spoke of the need for married persons, on retirement, "to work out a new mutually acceptable lifestyle" with one another.

Workshop IX

Seniors and Their Health Problems

Not surprisingly, comments from the workshops on this theme resulted in a lot of duplication of reports from other sessions particularly those on Health Care and Home Care.

1. Perhaps because this theme is less precisely defined, the comments tended to be general, but a frequently-mentioned concern was for better communication between seniors and the large number of officials and bureaucrats with whom they have to deal. There were many criticisms that officials in agencies such as health, housing and consumer affairs seem not to realize that their role is to render service. On the other side, there

to realize that their role is to render service. On the other side, there was recognition that some seniors become very self-centred and make unreasonable demands, not listening to, or perhaps not understanding, responses that are made to them.

2. There was appreciation of the point made by Dr. Shapiro that we must not expect equity in health and that those who enjoy good health have responsibilities to those who do not.

We have not achieved equity in health. This means we must all make concerted efforts to improve the health of the disadvantaged to the status enjoyed by the rest so that they may live to a healthy old age.

3. Dr Shapiro also urged realism in response to the attempts of governments and hospital boards to keep costs under control. She suggested that,
... there is a danger that we will fall into the trap of believing that there is a crisis if one hospital bed is closed, but remain blind to the fact that it will not jeopardize the quality of care we receive and that the money can be better used to strengthen our capacity to help seniors.

4. As a salutary reminder to seniors and a warning against presumption on the part of others, a notice was quoted

Do not despise age; it is a privilege denied to many.

5. Arising from a discussion of nutrition came the observation that today's marketing strategies promote large sizes, "jumbo portions" and "generous helpings". Seniors neither need nor desire food items in large quantities and should therefore demand smaller units.
6. These workshops generated many positive comments on the work being done in preventive medicine. Delegates urged that this be continued. Not only does it promote healthy lifestyles, but it helps to avoid or delay the costs of expensive health care.
7. Although the point was raised and has been reported elsewhere, the concern about medication is sufficiently important to merit repetition. Seniors feel that some physicians fail to explain possible side-effects of various drugs, tend to over-prescribe, and appear not to understand the manner in which the impact of a known drug changes with the age of the patient.

Workshop X

Transportation and Mobility

The background material reported a speech in which there occurred this important sentiment:

All the best social and health services in the world are of no use to the aged if they are unable to get them or if the services cannot be delivered where they live.

This was put very graphically by one group leader: "It is no use having ramps into buildings if you cannot reach the buildings".

1. One of the most important and frequent comments in these groups underlined (again!) the differences between the rural and the urban environment. Most rural areas have no public transportation services and few taxis. The problems of transport often represent added concerns when seniors are keeping medical appointments. It was asked whether small buses or vans could be used on rural routes in order to provide the basis of a public transportation system.
2. One practical suggestion advocated the preparation of books of tickets, valid for use in taxis; the city would underwrite the costs and seniors could then use the tickets for important appointments.
3. There was vigorous discussion about driving licences. For most seniors who have a car the vehicle is a major factor in their independence. Consequently some do not report disabilities which might jeopardize their eligibility to hold a licence. There was a small but strong body of opinion that annual driving tests should be mandatory beyond a certain age.
4. The loss of railway service was the cause of several complaints. Not only does it remove a comfortable and moderately-priced form of transport, it has also resulted in more trucks on the roads. The presence of these large vehicles and the speeds at which they move already take much of the pleasure out of driving for many seniors.
5. Apparently it is not possible for seniors to rent school buses for specific trips. There was much disagreement as to whether this form of transport was appropriate for seniors.

Conclusions and Comments

From the background documentation, the reports from workshops, and a number of personal conversations, it is apparent to me that Senior Citizens are as diverse a group as any other segment of society. Some love to join clubs and participate in organized activities; others express their independence through individual activities and interests. Some are strongly committed to the principle of universality in all social services; others hold

with equal conviction to the principle of user-pay; still others regard payment for services according to income as being the proper way to proceed. Some view retirement from one career as an opportunity to pursue another remunerated activity; some regard retirement as an open door to extensive volunteer activities.

Despite this diversity of interest and approach, certain themes have clearly emerged in the discussions.

Seniors understand that the chief prerequisites for the enjoyment of retirement years are health, financial security, a sense of community, and a degree of mobility. Health cannot be guaranteed, but preventive medicine may help to extend the period of good health and a complete range of health services may enable seniors to receive appropriate care and to remain in their own homes as long as possible. Financial security cannot be completely assured, but steps may be taken in mid life to plan for retirement.

Underlying many of the comments made in the workshops is a recognition that each of us needs other people. Sometime the "community" of an older person is the family, sometimes neighbours, sometimes other seniors. The more our society changes, the more important it will be to encourage those activities and relationships which impart a sense of belonging. It is an irony that as the number of senior citizens increases and their need for mobility grows, public transport seems to become less and less viable.

What follows are some personal observations and reflections on the May 1990 Conference.

1. There is a need for more information and fuller communication, but what is already available is vast and complicated. It follows from this that a mechanism must be devised for making relevant information available to those who need it.

My suggestion at this point is two-fold: First, that the Senior Citizens' Secretariat amass information and develop a comprehensive computerized database. Key features of this information would continue to be distributed in the form of simple brochures, but more detailed information would be available to those who genuinely need it.

Second, Senior Citizens Information Centres should be developed in each community. These would be linked through a computer network to the Secretariat database, but would also collect purely local information, such as local by-laws, transport timetables and lists of service organizations.

2. The Conference has underlined the need for Seniors to articulate their distinctive needs in a clear form. Consensus is no more easy to reach with people over 65 than at any stage of life (in fact it may be more difficult to

achieve with older people), but government at any level cannot be expected to respond to unclear or ambivalent requests.

Periodic visits by government officials to senior citizen groups would encourage dialogue, promote consensus and make it possible to disseminate relevant information at the local level.

3. There is a need to establish meeting places for Seniors in every community. These may be in the same building as the Information Centres mentioned above or may be quite separate. Many groups pointed out that churches are not fully utilized during the week, that service clubs often own their own buildings which are also under-utilized, and that schools are not fully used in the evenings or during the vacation periods. It may be possible for the provincial government to consider special funding to enable churches or service clubs to alter existing buildings so as to meet the special requirements of Senior Citizens. This would be a much cheaper approach than recommending the building of new Centres in every community.
4. Somewhat surprisingly, many submissions made the point that the churches, which have traditionally been characterized as places for little children and old people, are in danger of losing their identity as places for people of all ages. It has been said that the concentrated effort to deal with family situations has resulted in less attention being paid by churches to the needs of the elderly.

Sessions specifically for professionals (housing, counsellors, financial advisors, home care practitioners, etc.) and clergy might serve to highlight the immense opportunities which the churches have to contribute to the well being of the elderly.
5. Although the workshops concentrated on ten different themes, not only was there considerable overlap in the comments made, but almost every group stressed that Senior Citizens, like all other people, must be considered and treated as total persons. "It must not be forgotten that who we are trying to serve is as important as what we can do for them. The quality of life must not be overlooked". It is dangerously easy for a physician to prescribe medication when what the patient needs is friendship. It is very easy for a financial expert to provide complicated advice, when what the Seniors need is reassurance that they are financially secure. It is easy for a housing expert to provide detailed statements about the special nature of housing for Seniors, when all that is needed may be a friendly neighbour, a handrail on the stairs, or some assured means of communication in case of emergency.
6. It would be foolish as well as unprofessional to ignore the fact that, on literally dozens of occasions, seniors stressed the differences between rural and urban living in Nova Scotia. It is not relevant to observe that we

do not have vast distances between our communities such as might be encountered on the prairies, nor to state that we really do not have any large cities in our province. The fact is that on almost every issue that was raised at the Conference the differences between town and community living were noted. I believe that serious consideration should be given to the implication of these differences, especially in relation to health care, home care, personal security and transportation.

7. Perhaps the most important step that needs to be taken at this point is to clarify the roles of different levels of government and individuals in relation to matters affecting Senior Citizens. Part of the confusion which many Seniors feel arises from the fact that they do not know what matters are dealt with by the federal government, what matters fall within provincial jurisdiction, which issues are of concern for the local community, what items must be dealt with by the family, and which matters Seniors themselves must address. This observation is clearly reflected in the introductory material in the background documentation. The following three quotations will make this plain:

The most pressing issue of all is the role and responsibility of the individual and the family.

...government cannot and should not be expected to do it all.

That we have three levels of government as well as the voluntary sector, the family and the individual - all involved in providing services, complicates the issue.

If the Secretariat could provide a diagram or chart which indicates which issues belong where at the moment, this might be welcomed by, and valuable to, the whole community, including Seniors themselves.

Finally, the excellent information, insights and suggestions coming out of the Conference should not be allowed to disappear from sight. There is already a feeling among seniors that too much time and money is spent on research and too little on action. My suggestion is that the Secretariat identify the things which can be done, make a priority list and do them or attempt to get them done.

Once again, our Seniors have proved what a splendid resource they are. We owe it to them to act on their recommendations wherever possible.



Signing the Proclamation Senior Citizens' Week, June 17 - 23, 1990
Mrs. Inez Finley, Delegate



Award Winners, Oldest Conference Delegates
Back, L-R: Hon. Jack MacIsaac, Hon. John M. Buchanan, Al Foley, and Gerald Cunningham. Front, L-F: Hugh Walker, Almira Stevenson, Vera Gagnon, and Elizabeth Fraser.

Closing Banquet

**Wheelock Hall - Acadia University
Wednesday, May 16, 1990 - 7:30 p.m.**

1. Welcome

Honourable Jack MacIsaac

2. O Canada

Pianist - Michael MacKay

3. Grace

Carolyn Thomas

Nova Scotia Human Rights Commission and
Moderator of the Black United Baptist Association

4. Introduction of Head Table

Honourable Jack MacIsaac

Honourable John M. Buchanan, Premier of Nova Scotia

Myrna Slater, President, Nova Scotia Chapter,
Canadian Pensioners Concerned

Allan Foley, President, Federation of Senior Citizens and Pensioners

Jack Glassey, Chairman, Nova Scotia Senior Citizens' Commission

Gerald Cunningham, President, Nova Scotia Command,
Royal Canadian Legion

Mrs. Eileen Foley, wife of Allan Foley

Heatber Praught, Conference Committee Chair,
Planning with Seniors for the 21st Century

Carmen Moir, Deputy Minister,
Nova Scotia Department of Community Services

Dr. James Perkin, President,
Acadia University and Chief Rapporteur for the Conference

Louise Plouffe, National Advisory Council on Aging, Ottawa

Carolyn Thomas, Nova Scotia Human Rights Commission and
the Black United Baptist Association

Marlene MacLellan, President, Gerontology Association
of Nova Scotia

Gregory Gammon, Chairman of the Conference Program Committee
and Director of Day Care Services with the Nova Scotia Department of
Community Services

Dr. F. R. MacKinnon, Director, Senior Citizens' Secretariat

John Angus MacKenzie, Special Consultant, Senior Citizens' Secretariat

Honourable Jack MacIsaac, Chairman, Senior Citizens' Secretariat

5. **Buffet Super**
6. **Toast to the Queen**
Honourable Jack MacIsaac
7. **Dessert**
8. **Introduction of Guest Speaker**
The Honourable John M. Buchanan, P.C. Q.C.,
Premier of Nova Scotia
Honourable Jack MacIsaac
9. **Speech**
Honourable John M. Buchanan, P.C. Q.C., Premier of Nova Scotia
10. **Thank you to Premier Buchanan**
Jack Glassey, Senior Citizens' Commission
11. **Presentation: Oldest Male Delegate, Oldest Female Delegate**
Honourable Jack MacIsaac
Gift Presentation by Premier Buchanan
12. **Presentation to Dr. James Perkin,**
President of Acadia University and Chief Rapporteur
for "Planning With Seniors For The 21st Century"
Carmen Moir, Deputy Minister Department of Community Services
13. **Presentation to Heather Praught,** Conference Committee Chairperson
John Angus MacKenzie, Special Consultant Senior Citizens' Secretariat
14. **Proclamation**
Senior Citizens' Week 1990
Honourable John M. Buchanan, Premier of Nova Scotia
15. **Miscellaneous Presentations and Thank You's**
Honourable Jack MacIsaac
16. **Closing Remarks**
Honourable Jack MacIsaac
17. **God Save The Queen**
Pianist, Michael MacKay



Planning With Seniors For The 21st Century

Closing Banquet

May 16, 1990

Remarks By:
Honourable John M. Buchanan, P.C., Q.C.
Premier, Province of Nova Scotia

From what I have heard this evening, your conference sessions have been most stimulating and productive. I had the privilege of being with you in 1984 at Saint Francis Xavier University for the First Provincial Seniors' Conference.

In preparing for these remarks, I carefully reviewed both what I had said at the 1984 Conference and the major recommendations that came out of that event.

So now I would like to report briefly to you on the progress we have made together in the past six years and on the work we are doing with you to prepare for the 1990's and the 21st Century.

In 1987, Government instructed the Senior Citizens' Secretariat to undertake an indepth study of services and programs for seniors in Nova Scotia through the 1990's. Key to this important process were the consultations with seniors, their organizations and concerned Nova Scotians in the summer of 1988. This listening exercise was key because it was essential to know the actual concerns and priorities of you the Senior Citizens of Nova Scotia.

Those views, compiled in a booklet, ***What The Seniors Say***, formed the background for your discussions during the past two days.

From what you have told us, you expect us to protect the integrity of our seniors' programs through the 1990's and into the 21st century.

Your conference has brought together about two hundred seniors, representative of the senior community, a cross-section of professionals and caregivers in government and the private sector, along with representatives from the business industry and the banking community. I understand Dr. Perkin has summarized your findings and recommendations, so it is now the Secretariat's task to file a report with government which will combine those recommendations and the 1988 consultations.

Your numbers are increasing more rapidly than most of us realize. When we met in Antigonish in 1984, there were 96,000 Nova Scotians who were classified as seniors, with seniors defined as those 65 years of age and over. Today there are 110,000. By the end of the decade there will be 123,000 Seniors Citizens in Nova Scotia.

We have legislated the annual observance of Senior Citizens' Week and I wish tonight to officially proclaim June 17 to June 23, 1990 as ***Senior Citizens' Week.***

I believe, and your Government believes, that you have earned the right to the quality of life our Seniors' programs can now provide. You can, I think, appreciate the advancements we have made together. You can remember a time when there were no programs for seniors, no provisions to ensure our senior citizens enjoyed the benefits of a society they had worked so hard to create.

You have experienced two world wars and survived one of the worst economic depressions the western world has ever known. You have brought up a family, worked a lifetime, paid taxes and through your toil and efforts we have come to enjoy a standard of living which we could not even dream of back when your pilgrimage began. You have passed on to your children a rich and comfortable heritage and you may be justly proud of that. And I believe that service deserves the reward of a decent lifestyle for you today.

And I know that here at this conference, you are working to ensure reasonable approaches to the concerns that will be faced by a new generation of seniors – a new generation who will not have known difficult times, the world wars and economic crisis that you have experienced. But a generation who must fully understand the sacrifices made and the ground-work laid so that they might enjoy a prosperous lifestyle in their senior years.

I am one of that generation that has not yet reached that age – A Senior Of The 21st Century.

Two of the major issues considered by the 1984 Antigonish conference were home care and elder abuse.

I am sure you are pleased, as we are, that we were able to implement a comprehensive coordinated home care program in 1988. The full impact of that service is now beginning to be felt. Most seniors want to remain in their own homes and communities as long as it is reasonably possible to do so. The home care program will not only mobilize and coordinate initiatives such as community nursing, the Victorian Order of Nurses and homemakers' services, but even more important it will help to strengthen the very important home care supports in the private and municipal sectors such as transportation, and the like. This program will enable more seniors to live successfully, independently in their own homes.

In 1984 I talked about the importance of home supports such as telephone reassurance, housing initiatives, home repairs and handyman services. We are committed to giving every reasonable support to the private sector, municipalities and seniors' agencies to improve these services.

The individual citizen, seniors, the community and private organizations play a vital role in the provision of home care. Government's role is to encourage and support these community, family and citizen initiatives.

It was interesting to note that in her keynote address on Monday night, Professor Shapiro congratulated Nova Scotia on our home care initiatives. Professor Shapiro congratulated Nova Scotia for placing priority on developing home supports, the service most often needed by those who need help, and for our strong efforts to consult with seniors in developing our home care program. And our government shares Professor Shapiro's hope that our home care program will increase its capacity to serve elderly people who can leave hospitals sooner if required services are provided.

The 1990/91 provincial budget commits \$19 million to the home care program. An increase of more than 600 percent since 1984 when home care first appeared in our budget and it is a \$4.4 million and a 23 percent increase over 1989/90. That gives you a picture of the magnitude of the commitment we are making in this most important program.

I think it would be appropriate here this evening to remember the work of some of the volunteers and concerned seniors who have worked with government in developing programs to provide a better lifestyle for our senior citizens. I am thinking of the late Dr. Doreen Fraser who worked so hard with us on behalf of our senior citizens over the years. I think that it is safe to say that her work is reflected in our government's current commitments to senior citizens. We listened to people like Dr. Doreen Fraser because we knew that they understood the needs and concerns of our senior citizens. We listened to them and we took their advice and that is why I am pleased to see here at this conference people like Myrna Salter, Al Foley, Connie Wenaus. People who like Dr. Doreen Fraser are dedicated to doing all in their power to building a better life for Nova Scotia Senior Citizens.

Our government listened to the concerns about elder abuse and we accepted and followed your recommendation for legislative action on this subject. The Adult Protection Act became law in 1985 and trained personnel have been made available in the Department of Community Services to cope with this difficult issue.

Our seniors are living longer and the physical and emotional demands on caregivers are bound to increase in the next decade. Ninety percent or more of our seniors are living with families or friends or are in their own homes. It is inevitable in these circumstances that the care of the very old, by families and friends, will give rise to problems and difficulties and we are committed to

providing support in every possible way. Your keynoter, Professor Shapiro, had some very interesting comments to make in this regard.

As you are only too well aware, the system of programs and services for seniors is very complicated and sometimes difficult to access. When you put together federal, provincial and municipal programs with what is available in the private sector, you have a mix which many seniors have difficulty understanding.

That is why we embarked upon an important seniors' communication initiative. This initiative involved television, radio and newspapers, and the production and distribution of brochures describing and explaining the programs available to seniors. It was important because it enabled not only our seniors but all Nova Scotians to have an understanding both of the needs and concerns of seniors and of the programs available to respond to those needs. It is essential that we all develop a maximum respect for and appreciation of our seniors and their contribution to our society.

To help seniors to understand and deal with the mix of programs, the Senior Citizens' Secretariat established a toll free line in 1987. If usage is any practical indication of its value, that telephone line has filled a great need. It is not at all unusual to have the entire Secretariat staff answering calls at one time on different phones and calls backed up and waiting.

We are living and working in a time of limits. Limited in the resources of government. The chief cause of this situation is the reduction in Federal Government transfer payments to Nova Scotia - we are receiving \$170 million less from the Government of Canada in the fiscal year 1990/91 than in the year 1989/90. This presented us with a serious problem. Resolution of this problem was not easy, but our government is committed to protecting the integrity of our programs for people including our excellent programs for seniors.

That is the underlying commitment of our government in the 1990's. To keep in place those programs which are making life so much better for so many Nova Scotians.

In order to do this we have found it necessary to make some tax adjustments and to institute a co-pay charge of \$3.00 in our seniors' pharmacare program. The costs of this program have been growing dramatically. In the last year alone, the cost of seniors' pharmacare in Nova Scotia grew from \$64 million to \$71.5 million, an annual increase rate of 12 percent. The \$3.00 co-pay charge will help keep the costs of this excellent program at a supportable level.

It is important to note that even with the new co-pay charge which comes into effect June 1, 1990, Nova Scotia will have the lowest seniors' pharmacare co-pay charge in Atlantic Canada. Seniors' pharmacare co-pay charges in the Atlantic Provinces as of June 1, 1990 will be as follows:

- Nova Scotia – \$3.00 per prescription;
- New Brunswick – \$6.34 per prescription;
- Newfoundland – \$7.50 per prescription; and
- Prince Edward Island – Approximately \$11.00.

As well, the Newfoundland program applies only to those seniors in receipt of the Guaranteed Income Supplement.

When we met in Antigonish in 1984, we had 6,297 beds available to seniors in 119 homes for special care throughout Nova Scotia. There are now 6,774 beds in 126 facilities. The 1990/91 budget for seniors in homes for special care is **\$56 million**, an increase of **89 percent** since 1984.

Home care will not and cannot replace nursing home care. It will continue to be a new and additional cost. The nursing home population is growing older and requires an increasing amount of personal care, which only a nursing home can properly and practically provide. The demand for nursing home beds continues to be great and we anticipate this demand will continue and grow.

As I've mentioned, the 1990/91 budget process has been difficult – but despite this difficulty we are maintaining our seniors' programs:

- Special Social Assistance;
- Rental Assistance;
- Property Tax Rebate;
- Pharmacare;
- Home Care;
- Homes for Special Care;
- home repairs; and,
- housing assistance for seniors.

Our commitment to these seniors' programs when we met in Antigonish in 1984 was \$94.5 million. Now it is \$175.6 million, an increase of 85 percent.

As we look to the 1990's, it is clear that the situation is not going to get any easier. All governments provincial, federal, and municipal are facing difficult financial constraints. This situation is likely to continue in the 1990's. Deficit reduction remains an important goal of our government.

This limits the room for costly new initiatives, no matter how desirable these initiatives may be. Our government's commitment is to protect the integrity of the programs now in place, to keep them working and to make them even more effective. We have listened to your views and you have made it clear that this is important to you as seniors in Nova Scotia.

We have to be fair to everybody. Government has to listen to and respond to the concerns of all groups in our community. There are a lot of competing demands and competing priorities on the part of all of these groups. The programs and services we provide for our seniors must be consistent with the need for the services by other segments of our population – young people, the disabled, for example.

In 1980, the Senior Citizens' Secretariat was established to encourage, develop and ensure communication and consultation among government, agencies in the private sector, seniors, their families, professional caregivers and all Nova Scotians. The Secretariat will continue that role into the 21st century because we are committed to listening to and responding to what you are saying. The Antigonish Conference in 1984 was part of that listening process as were the consultations in the summer of 1988, and this conference at Acadia.

As we move towards the 21st century, the role of the dedicated volunteer, the volunteer organizations like the Royal Canadian Legion, The Federation of Seniors & Pensioners, The Canadian Pensioners Concerned, our Seniors' Clubs, our Churches and our families will become even more important than they have been in the recent past. They have helped tremendously in molding the caring and compassionate society we have achieved. And in the years ahead that help must continue and increase.

The reports leading up to this conference all emphasize the fact that the three levels of government, the multiplicity of agencies in the private sector, the community, the family and seniors themselves will face tremendous challenges and demanding tasks in the days ahead if we are to improve the quality of life of our seniors in a time of limited financial resources.

Our greatest resource – people – volunteers, community organizations – will not however be a scarce resource when we stop to think about what will be required in the 1990's, and who will be responsible for meeting those requirements. We must first sort out what is the role of the individual, of the family and of the community in the 21st century. That should come first, and I am confident that if we do that, there is much that government can do, working with you to ensure the next generation of seniors enjoys the same standards of life you enjoy today.

We have to work together to lay the ground-work for decision making in the 21st century. We have to work together to understand the needs, to listen to concerns and to develop the programs that will serve us well in the 1990's and the 21st century.

The programs that we have in place have been developed as a result of our listening to your concerns, we will work with you to ensure that we have a network of programs that continue to meet the needs of the next generation of seniors. We can only do this with your help. But I know that help will be there and that's why I know we will be successful in building a future for our seniors.

Thank You

Conference Planning Committee

The Senior Citizens' Secretariat expresses its appreciation to the Conference Planning Committee and their sponsoring organizations and departments who worked tirelessly to make Planning With Seniors For The 21st Century an informative and stimulating experience for all who attended.



*Seated L-R: H. Patriquin, M. Slater, H. Praught, G. Masters, K. Spicer, M. MacLeod.
Standing L-R: R. Caine, J.A. MacKenzie, B. Vandervaat, M. MacLellan, G. Gammon,
C. MacEwan, S. Conrad, E. MacLeod, A. Clark, N. Ellsworth, A. Foley.
Missing from photo: F.R. MacKinnon, D. Kerr, D. MacLean, S. Richardson.*

Chairperson: **Heather Praught**, Senior Citizens' Secretariat
Secretary/Treasurer: **Colin MacEwan**, Senior Citizens' Secretariat

Sub-Committee Chairpersons:

Program: **Gregory Gammon**, Nova Scotia Department of Community Services
Registration/Accommodations: **Daniel MacLean**, Nova Scotia Department of
Advanced Education and Job Training
Volunteer Support: **Spurgeon Conrad**, Port Williams Seniors
Catering/Entertainment: **Nelson Ellsworth**, Nova Scotia Sport & Recreation
Commission
Selection Committee: **Allan Clark**, Nova Scotia Senior Citizens' Commission
Communications/Printing: **Dennis Kerr**, Nova Scotia Department of Housing
Molra MacLeod, Nova Scotia Information Services
Displays/Exhibits: **John Angus MacKenzie**, Senior Citizens' Secretariat

Committee Members:

Redvers Calney, Nova Scotia Retired Government Employees Association
Gerry Cunningham, Royal Canadian Legion
Al Foley, Federation of Senior Citizens and Pensioners
F.R. MacKinnon, Senior Citizens' Secretariat
Earl MacLeod, Federal Superannuates National Association
Marlene MacLellan, Gerontology Association of Nova Scotia
Gerrie Masters, Nova Scotia Department of Education
Helen Patriquin, Nova Scotia Association of Health Organizations
Sbaron Richardson, Northwoodcare Incorporated
Myrna Slater, Canadian Pensioners Concerned
Brian Vandervaat, Associated Homes for Special Care

Sub-Committee Members:

Daniel Johnson, Retired
Yvonne lePair, Northwoodcare Incorporated
Lloyd MacQueen, Nova Scotia Department of Government Services
Harold Sbea, Senior Citizens' Secretariat
William Spurr, Nova Scotia Sport and Recreation Commission
Virginia Walzak, Senior Citizens' Secretariat
Shirley Whelpley, Nova Scotia Department of Advanced Education
and Job Training



L-R: Hon. John M. Buchanan, PC, QC, Premier of Nova Scotia; Heather Praught, Conference Planning Committee Chairperson, John Angus MacKenzie, Special Consultant, Senior Citizens Secretariat.

Displays and Exhibits

Bank of Montreal
Canadian National Institute for the Blind, Nova Scotia Division
Canadian Pensioners Concerned Inc., Nova Scotia Division
Canadian Red Cross Society, Nova Scotia Division
Community Services, Nova Scotia
Consumer Affairs, Nova Scotia
Dartmouth Seniors' Multi-Service Centre
Federation of Senior Citizens and Pensioners of Nova Scotia
Gerontology Association of Nova Scotia
Health and Fitness, Nova Scotia
Health and Welfare, Canada
Housing, Nova Scotia
Maritime Tel and Tel
Multi-Cultural Association of Nova Scotia
Networking of Seniors of Nova Scotia
Northwood Care Inc.
Northwood Homecare Inc.
Northwood Multi-Purpose Centre
Nova Scotia Advisory Council on the Status of Women
Nova Scotia Heart Foundation
Nova Scotia Senior Citizens' Commission
Nova Scotia Senior Citizens' Secretariat
Recreation Association of Nova Scotia
Society of Deaf and Hard of Hearing Nova Scotians
Transportation, Nova Scotia
Volunteer Resource Centre

Acknowledgements

The Senior Citizens' Secretariat and the Conference Planning Committee wish to express a sincere thank you to the following organizations and agencies whose support contributed substantially to the success of Planning with Seniors for the 21st Century, the Second Provincial Conference of Aging and the Aged.

Cabinet Secretariat, Nova Scotia
Canadian Red Cross Society, Nova Scotia Division
Chateau Gai Wines
Northwood Foundation
Nova Scotia Department of Advanced Education and Job Training
Nova Scotia Department of Community Services
Nova Scotia Department of Government Services
(System Development and Support)
Nova Scotia Information Service
St. John Ambulance
Shoppers Drug Mart
All those agencies and organizations who provided displays and exhibits.

Conference Evaluation Questionnaire

Summary of Results

To assist in the evaluation of "Planning With Seniors For The 21st Century" the Evaluation Questionnaire was distributed on May 16, at the end of the Series Three Workshop. It must be noted that this was before participants had attended the Conference Summary and Closing Banquet.

A Profile of Respondents

A total of 215 Evaluation Questionnaires were completed. Of the respondents:

- 75% were conference delegates
- 11% were workshop resource persons
- 6% were workshop chairpersons
- 4% were workshop recorders
- 3% were conference committee members

Participants were asked to indicate their age range. Of the respondents:

- 4% were over 80 years of age
- 32% were between 70 and 80 years of age
- 30% were between 60 and 70 years of age
- 9% were between 50 and 60 years of age
- 25% were under 50 years of age

Slightly more than one half (51%) of respondents represented a seniors' organization. Of the remainder:

- 19% represented a volunteer or non-profit agency or institution
- 17% represented a government department or agency
- 3.25% represented a professional organization
- 3.25% represented an ethnic, native or black organization or agency
- 2% represented a business or industry
- .5% represented organizations other than those listed

The Conference - Participants' Reactions

Expectations

Respondents were asked if the conference met their expectations and 94.5% replied "yes".

The reasons most often mentioned included:

- very informative
- well organized
- good discussions/workshops
- very interesting/enjoyable
- good opportunity to network

Of the 5.5% of respondents whose expectations were not met, the reasons they gave varied, but included:

- some resource people were more efficient than others
- should reach out and attract more homebound seniors/non-joiners to these conferences.
- not sure the sessions went far enough toward issue resolution or "Where do we go from here?"

Overall Rating

Respondents were asked to rate the conference as a whole:

45% rated it "very good"

43% rated it "excellent"

11% rated it "good"

1% rated it "fair"

Nobody rated it "poor quality"

Participants were asked to suggest ways to improve the conference, but there was little agreement among delegates except on the following point:

- have infrared systems placed in all conference areas including workshops for the benefit of the deaf and hard of hearing.

The following points were mentioned most often when participants were asked what they liked the most about the conference:

- excellent workshops and discussions
- the frankness and openness of discussions
- the exchange of views and information amongst the delegates
- the excellent resource persons and chairpersons
- the planning and organization of the conference
- having the opportunity to listen and talk to seniors.

When asked what they like least about the conference the most frequently cited responses were:

- the weather
- standing in cafeteria lines
- the cold temperatures in the workshop rooms

Workshops

Conference participants were asked to list the workshops they found most productive and the ones they found least productive. Examination of the responses showed that there was little consensus among respondents. There was agreement on the reasons why a workshop was considered productive and these include:

- good participation
- learned the most
- workshop was chaired properly
- topic was interesting
- more recommendations were forthcoming

The reasons respondents frequently gave for a workshop being the least productive included:

- too many personal experiences quoted
- chairperson somewhat ineffective
- lack of focus
- not enough recommendations made

When participants were asked if they had ample opportunity to express themselves, more than 90% of respondents said "yes". Only 2% said "no" and 7% of respondents did not answer the question due to their role as chairperson or recorder. The most frequently recorded comments in regards to freedom of expression were:

- chairpersons were very good at ensuring everyone had a chance to be heard
- the workshops were sufficiently long and the groups small enough to allow each person to express their views.

Meals and Accommodations

Participants were asked if they were satisfied with the meals and accommodations and 89% of respondents said "yes"; 6% said "no"; and 5% did not respond as they had neither stayed in residence nor eaten in the dining hall.

The majority of comments relating to meals and accommodation were favourable. Those comments most frequently cited were:

- excellent
- both very good

The one negative comment relating to meals that was echoed by others was:

- disliked the line-up in the cafeteria

Conference Delegates

Senior Delegates

Archibald, Donald	Sherbrooke, N.S.	District of St. Mary's
Armitage, Jack	Dartmouth, N.S.	Dartmouth
Armstrong, Gordon A.	Halifax, N.S.	Halifax City
Attree, Phyllis	Middleton, N.S.	Annapolis County
Atwood, George W.	Lower Sackville, N.S.	Halifax County
Barbara, Sister	Digby, N.S.	Municipalities of Digby and Clare
Barclay, Edna	New Glasgow, N.S.	Trenton
Barrett, Frederic G.	Annapolis Royal, N.S.	Annapolis County
Bates, Florence	Sydney River, N.S.	Cape Breton County
Black, Doris S.	Baddeck, N.S.	Senior Citizens Commission
Black, Eileen	Amherst, N.S.	Cumberland County
Bond, Margaret C.	Dartmouth, N.S.	Halifax County
Brennand, G. Joan	Halifax, N.S.	Halifax City
Brennand, Robert	Halifax, N.S.	Halifax City
Brownell, Russell H.	New Glasgow, N.S.	New Glasgow
Brownlow, Daniel P.	Dartmouth, N.S.	Dartmouth
Burgess, Frederick W.	Hants County, N.S.	Municipality of Hants East
Burton, P. Elsie	Shubenacadie, N.S.	Hants County Senior Citizens Council
Burton, R. Borden	Shubenacadie, N.S.	Hants County Senior Citizens Council
Butler, Lorna	Milton, N.S.	Queens County Seniors Council
Campbell, Flora	Boylston, N.S.	Guysborough County
Carnaghan, Stanley M.	Eastern Passage, N.S.	Homes for Special Care
Chisholm, Natalie	Collingwood, N.S.	Cumberland County
Clarke, John E.	Glace Bay, N.S.	Cape Breton County Senior Citizens Council
Clayton, Iva	East Preston, N.S.	East Preston United Baptist Church
Comeau, Philip	Church Point, N.S.	Digby County Senior Citizens Council
Conrad, Nettie	Shelburne, N.S.	Shelburne County Seniors Council
Cromwell, Edith H.	Bridgetown, N.S.	Annapolis County
Dauphinee, Laura L.	Halifax, N.S.	Halifax County
Day, Jennie	Amherst, N.S.	Amherst
Day, Leslie	Amherst, N.S.	Amherst
Dee, Bernice	New Glasgow, N.S.	New Glasgow
Docker, Mary B.	New Glasgow, N.S.	Pictou County Senior Citizens Council
Dolsen, Erle S.	Berwick, N.S.	Berwick
Dykens, Frances M.	Centerville, N.S.	Kings County
Evans, Doris I.	Dartmouth, N.S.	Halifax City
Evans, Leo G.	Sydney, N.S.	Sydney
Ferguson, Edda G.	Sydney, N.S.	Cape Breton County
Ferguson, Sewell	Sydney, N.S.	Cape Breton County
Finley, Inez	Oxford, N.S.	Oxford
Fisher, C. Weldon	Brookfield, N.S.	Colchester County
Forshner, Gladys	Springhill, N.S.	Cumberland County Senior Citizens Council
Fortune, Pat	Granville Ferry, N.S.	Annapolis Royal
Fraser, Elizabeth R.	Bible Hill, N.S.	Deaf and Hard Hearing Community
Gagnon, Vera E.	Annapolis County, N.S.	Annapolis County Senior Citizens Council

Gillis, Doris M.	Baddeck, N.S.	Victoria County
Glasse, John G.	Truro, N.S.	Senior Citizens Commission
Hamilton, Marie N.	Halifax, N.S.	Halifax City
Hanam, Andrew A.	Baddeck, N.S.	Arm of Gold Senior Citizens Club
Hanam, Elizabeth F.	Baddeck, N.S.	Alderwood Working Council - Baddeck
Hanna, Alma	Sydney, N.S.	Sydney
Hanna, Ernest	Sydney, N.S.	Sydney
Hardy, Irene L.	Dartmouth, N.S.	Dartmouth
Hartley, Florence	Canso, N.S.	Canso
Howe, Laura E.	Halifax, N.S.	Black Educators Association
Harvie, Edith	Halifax, N.S.	Senior Citizens Commission
Hawco, Gladys	Sydney, N.S.	Sydney
Hawco, Timothy	Sydney, N.S.	Cape Breton County
Hayes, Alfreda	Glace Bay, N.S.	Glace Bay
Hayes, Joan E.	Dartmouth, N.S.	Dartmouth Senior Citizens Advisory Council
Heisler, Eric M.	Stewiacke, N.S.	Stewiacke
Hennigar, Shirley M.	Windsor, N.S.	Municipality of Hants West
Holland, Jeremiah	Halifax, N.S.	Senior Citizens Commission
Hudson, Martha N.	Granville Ferry, N.S.	Annapolis County Senior Citizens Council
Hull, Fred A.	Halifax, N.S.	Halifax Senior Citizens Council
Illsley, Iiora	New Minas, N.S.	Kings County Senior Citizens Council
Irving, E. Patricia	Truro, N.S.	Colchester/North Halifax Counties Seniors' Council
Jago, Ruth M.	Digby, N.S.	Digby County Senior Citizens Council
Johnson, Beatrice M.	Halifax, N.S.	North Branch Library Women's Group
Jones, Jane G.	Musquodoboit, N.S.	Homes for Special Care
Jones, Norma M.	Queen County, N.S.	Queens County
Judge, Mary I.	Lower Sackville, N.S.	Sackville Seniors Council
Julien, Martha L.	Truro, N.S.	Nova Scotia Native Seniors Group
Kenley, Duane D.	Digby, N.S.	Digby
Kenney, Doris M.	Eastern Passage, N.S.	Homes for Special Care
Lay, Joan F.	Shelburne, N.S.	Shelburne Senior Citizens Council
LeBrun, M. Doris	Dartmouth, N.S.	Halifax County
Legge, Marie I.	Milton, N.S.	Liverpool
Lelievre, M. Mildred	Reserve, N.S.	Cape Breton County
LeRoux, Gloria R.	River Denys, N.S.	Inverness-Richmond 63A Council
MacDonald, A. Harold	Inverness County, N.S.	Inverness County
MacDonald, Aileen	Inverness County, N.S.	Inverness County
MacKenzie, Florence	Upper Musquodoboit	Halifax County
MacKillop, Ruth	Sydney, N.S.	Cape Breton County
MacLellan, Norma M.	Stellarton, N.S.	Stellarton
MacLeod, Elsie	Baddeck, N.S.	Arm of Gold Senior Citizens Club
MacMillan, Vivian L.	Windsor, N.S.	Windsor
MacNeil, Clare A.	Halifax, N.S.	Halifax City
Malik, Raghunadh	Halifax, N.S.	Halifax City
Malo, Elizabeth	Halifax, N.S.	Halifax City

Martin, Eunice	River Hebert, N.S.	Cumberland, N.S.
Mason, Ella	New Waterford, N.S.	New Waterford
McGaughey, S. Margaret	Halifax, N.S.	Halifax City
McGee, A. Berneice	Kentville, N.S.	Kings County
McGrath, Marjorie M.	Bedford, N.S.	Halifax County
Mills, Bertha G.	Bridgetown, N.S.	Bridgetown
Mitchell, Ruth	Pugwash, N.S.	Cumberland County Senior Citizens Council
Moore, Hannah	Oxford, N.S.	Springhill
Morash, Marjorie E.	Chester Basin, N.S.	Lunenburg County Senior Citizens Council
Morton, Joyce O.	Yarmouth, N.S.	Yarmouth Council of Senior Citizens
Muldoon, Harry F.	Sydney, N.S.	Sydney
Nash, Philip E.	Glace Bay, N.S.	N.S. Senior Citizens Commission
Neaves, Annetta	Middleton, N.S.	Middleton
O'Connell, Sarah	Yarmouth, N.S.	Yarmouth County Council of Senior Citizens
Ogilvie, Florence J.	Truro, N.S.	Colchester County
Organ, Ada E.	Dartmouth, N.S.	Senior Citizens Commission
Patterson, St. Clair	Hantsport, N.S.	Kings County
Patterson, Eudora	Hantsport, N.S.	Kings County
Pettigrew, Robert	River Bourgeois, N.S.	Richmond County
Porter, Mabel M.	Newport, N.S.	Municipality of Hants East (West)
Powell, Hartley W.	Weymouth, N.S.	Senior Citizens Commission
Redmond, Connie	Halifax, N.S.	Halifax City
Reeder, Eleanor A.	Lower Sackville, N.S.	Sackville Senior Advisory Council
Reid, James W.	Stellarton, N.S.	Westville
Rockwell, Winnifred	Wolfville	Senior Citizens Commission
Rolfe, Margaret	Halifax, N.S.	Halifax City
Ross, Dorothy	Trenton, N.S.	Trenton
Royal, Pearl A.	Glace Bay, N.S.	Glace Bay
Rusk, Irene	Lower Sackville, N.S.	Canadian National Institute for the Blind
Rusk, John J.	Lower Sackville, N.S.	Canadian National Institute for the Blind
Schofield, Eileen J.	Wolfville, N.S.	Wolfville
Skinner, Ferne A.	Halifax, N.S.	Halifax City
Snair, Leta E.	Hubbards, N.S.	Halifax County Senior Citizens Council
Stevens, Jean	Musquodoboit, N.S.	Halifax County
Stevenson, Almira	Tatamagouche, N.S.	Truro
Stoddard, Kathryn L.	Hantsport, N.S.	Hantsport
Supple, Irene	Musquodoboit, N.S.	Homes for Special Care
Swan, Lorne E.	Brookfield, N.S.	Colchester/North Halifax Counties Seniors Council
Thomas, Rev. Donald	New Glasgow, N.S.	Human Rights Commission
Tomlin, George A.	Head of Jeddore, N.S.	Halifax County Senior Citizens Council

Tucker, Alvirda M.	Truro, N.S.	Deaf and Hard of Hearing Community
Tucker, Muriel	Truro, N.S.	Colchester County
Turpin, Frederick C.A.	Hubbards, N.S.	Lunenburg County Senior Citizens Council
Uhlman, Virginia C.	Mahone Bay, N.S.	Mahone Bay
Verma, Uma	Bedford, N.S.	Halifax City
Wagner, Helen V.	Queen County, N.S.	Queens County
Walker, Hugh E.	Lunenburg County, N.S.	Senior Citizens Commission
Walsh, Thomas	Sydney, N.S.	Cape Breton County Senior Citizens Council
Wheeler, Christine B.	Eastern Passage, N.S.	Homes for Special Care
White, Erma B.	Hants County, N.S.	Senior Citizens Commission
White, Alfred R.	Plympton, N.S.	Municipalities of Digby and Clare
Whitzman, Molly	Halifax, N.S.	Halifax City
Wildsmith, Fred G.	Port Hawkesbury, N.S.	Port Hawkesbury
Wildsmith, Linden M.	Port Hawkesbury, N.S.	Inverness-Richmond 63A Council
Wilkinson, Audrey A.	Queen County, N.S.	Queens County Senior Council
Williams, Ada	Dartmouth East, N.S.	East Preston United Baptist Church
Williams, Aleta	New Glasgow, N.S.	Multi-Cultural Community
Woodworth, Joyce F.	Berwick, N.S.	Kings County Senior Citizens Council
Woodworth, Roland	Berwick, N.S.	Kings County
Young, Margaret C.	Halifax, N.S.	Halifax City
Zifkin, Ida S.	Halifax, N.S.	Halifax City

General Delegates

Anderson, Edith L.	Halifax, N.S.	St. John Ambulance
Boyle, Rosalind M.	Halifax, N.S.	Society of Deaf & Hard of Hearing N.S.
Brown, Jocelyn A.	Bedford, N.S.	N.S. Occupational Therapy Association
Brown, Lloyd O.	Halifax, N.S.	Northwood Multi-Purpose Centre
Burey, Mary	Halifax, N.S.	Department of Veterans Affairs
Chandler, Nellie I.	Halifax, N.S.	Bloomfield Senior Centre
Chaytor, Florence E.	Halifax, N.S.	Spencer House Seniors Centre
Cleary, Thomas G.	Dartmouth, N.S.	Union of Nova Scotia Municipalities
Comolli, Jill C.	Rose Bay, N.S.	Gerontology Association of Nova Scotia
Das, Diane E.	Bedford, N.S.	Rockingham Community Centre
Day, Donald H.	Tantallon, N.S.	Canadian Association of Financial Planners
Dillman, C. Keith	Halifax, N.S.	Canadian National Institute for the Blind
Foley, Eileen	Kentville, N.S.	Federation of Senior Citizens & Pensioners
Gray, James G.	Halifax, N.S.	Institute of Chartered Life Underwriters
Horvath, Kathryn J.	Wolfville, N.S.	Nova Scotia Homemakers Association

Hughes, Jim F.	Wilmot, N.S.	N.S. Government Retired Employees Association
Joudrey, Lorimer	Granville Ferry, N.S.	Continuous Learning Association of N.S.
King, Kevin	Richmond, N.S.	Richmond County Senior Citizens' Advisory Committee
Leslie, Anne S.	Dartmouth, N.S.	Arthritis Society of Nova Scotia
Logan, Elizabeth	Wolfville, N.S.	N.S. Committee for Networking for Seniors
Loiselle, Dick	Halifax, N.S.	Abilities Foundation of Nova Scotia
MacDonald, Michael C.	Dartmouth, N.S.	Nova Scotia Police Commission
MacKenzie, Stanley E.	Halifax, N.S.	Canadian Pensioners Concerned
MacPherson, Kevin M.	Halifax, N.S.	N.S. Commission on Drug Dependency
MacRae, E. Anne	Halifax, N.S.	Coordinating Council on Deafness in NS
Mamye, Arlene	Charlottetown, P.E.I.	Health and Social Services
McClare, Glen	Halifax, N.S.	Health Services Insurance Commission
Mosher, Cathy A.	Lunenburg County, N.S.	Kidney Foundation of Canada
Okraqu, Dr. Ishmael O.	Halifax, N.S.	St. Mary's University
Plouffe, Louise	Ottawa, Ontario	National Advisory Council on Aging
Senechal, Diane	Sydney, N.S.	St. John Ambulance
Snow, Joan	Dartmouth, N.S.	N.S. Department of Community Services
Sparrow, Joseph	Glace Bay, N.S.	Royal Canadian Legion
Spencer, Dorothy A.	Dartmouth, N.S.	N.S. Certified Nursing Assistant Association
Walsh, M. Rosalie	Tantallon, N.S.	N.S. Physiotherapy Association
White, Prof. David E.	Sydney, N.S.	University College of Cape Breton
Whitehouse, Susan	Halifax, N.S.	Department of Veterans Affairs
Woodworth, Lisa J.	Windsor Junction, N.S.	Registered Nurses Association of N.S.
Worth, Marilyn A.	Lower Sackville, N.S.	Challenge in Participation
Yauss, John	Halifax, N.S.	Recreation Council on Disability

Conference Workshop Resource Personnel

Auger, Dr. Jeanette	Wolfville, N.S.	Acadia University
Beanlands, Hope	Halifax, N.S.	N.S. Department of Health and Fitness
Bishop, Joy	Hampton, N.S.	Advisory Council on the Status of Women
Bona, Wayne	St. Peter's, N.S.	Richmond County Social Services
Campbell, Barbara	Halifax, N.S.	Multicultural Association of N.S.
Campbell, Jim	Truro, N.S.	N.S. Sport and Recreation Commission
Campbell, William	Halifax, N.S.	N.S. Department of Community Services
Chen, Dr. Mervin	Wolfville, N.S.	Acadia University
Cochrane, Nancy	Halifax, N.S.	N.S. Department of Community Services
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Conrad, Patricia	Halifax, N.S.	City of Halifax, Community Care

Crossman, Douglas	Halifax, N.S.	Canadian Mental Health Association
Durning, Jamie	Halifax, N.S.	The Royal Bank of Canada
Ells, Myrna	Canning, N.S.	N.S. Disabled Persons Commission
Fraser, Eleanor	New Glasgow, N.S.	Town of New Glasgow
Fraser, Roy	Wolfville, N.S.	Kings County Regional Housing Authority
Frenette, Susan	Windsor, N.S.	Hants Homemaker Services
Frison, Bertha	Reserve Mines, N.S.	N.S. Senior Citizens Commission
Gaudet, Marilyn	Halifax, N.S.	N.S. Department of Finance
Gaul, Barry	Halifax, N.S.	The Bank of Nova Scotia
Graham, Jim	Dartmouth, N.S.	N.S. Department of Housing
Hirtle, Dean	Halifax, N.S.	N.S. Department of Health and Fitness
Hyslop, Josette	Halifax, N.S.	Health and Welfare Canada
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Kennedy, Joyce	Dartmouth, N.S.	Institute of Pastoral Training
Lane, Myron	Halifax, N.S.	Health and Welfare Canada
Lang-D'Etcheverry, J.	Montreal, Quebec	Upjohn Health Care Services
Ledwell, Mary	Kentville, N.S.	N.S. Department of Community Services
Lienaux, Charles	Halifax, N.S.	The Berkeley Developments Ltd.
MacIsaac, J.A.	Halifax, N.S.	N.S. Department of Community Services
MacKinnon, Dr. Greg	Antigonish, N.S.	Homecare Advisory Committee, N.S.
MacKinnon, Margaret	Westville, N.S.	Pictou County
MacLean, John	Bridgewater, N.S.	N.S. Sport and Recreation Commission
MacPherson, Dr. John	Antigonish, N.S.	Canadian Red Cross Society
MacPherson, Dr. Kathleen	Halifax, N.S.	Camp Hill Medical Centre
Mansfield, George	Halifax, N.S.	N.S. Department of Transportation and Communications
Marshall, Sharon	Dartmouth, N.S.	Victorian Order of Nurses
Martin, John	Halifax, N.S.	Metro Mental Health Planning Board
McCarthy, Kevin	Truro, N.S.	Wynn Park Retirement Village
McCully-Collier, Marie	Truro, N.S.	N.S. Department of Health and Fitness
McNiven, Jane	Halifax, N.S.	Canadian Pensioners Concerned
Meuse, Theresa	Halifax, N.S.	Confederacy of Mainland MicMacs
Mielke, Don	Halifax, N.S.	Metropolitan Authority-Metro Transit
Division		
Mitchell, Lloyd	Halifax, N.S.	N.S. Safety Council
Nestman, Larry	Halifax, N.S.	Dalhousie University
Neumann, Brigitte	Halifax, N.S.	Women's Directorate N.S.
Nichols, Robert H.	Dartmouth, N.S.	Dartmouth District School Board
O'Brien, Dr. Mary	Halifax, N.S.	Mount Saint Vincent University
O'Hara, Cst. Claude	New Minas, N.S.	Royal Canadian Mounted Police
Patterson, Louisa	Halifax, N.S.	Department of Veterans Affairs
Redmond, Joan	Halifax, N.S.	N.S. Department of Community Services
Regan, Tom	Wolfville, N.S.	Acadia University
Riley, Lucy	Halifax, N.S.	Halifax Seniors Council

Rogers, Maureen	Halifax, N.S.	Northwoodcare Incorporated
Ryan, Kevin	Halifax, N.S.	Health and Welfare Canada
Scott, Rev. J. Melville	Halifax, N.S.	N.S. Senior Citizens Commission
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Silvius, Dr. Jim	Halifax, N.S.	Camp Hill Medical Centre
Smith, Debby	Halifax, N.S.	Recreation Association of N.S.
Summers, Don	Pictou, N.S.	Michelin Tires (Canada) Limited
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Swift, Bill	Halifax, N.S.	Bank of Montreal
Thomas, Carolyn	Halifax, N.S.	N.S. Human Rights Commission
Thompson, Pauline	Windsor, N.S.	N.S. Department of Health & Fitness
Underhill, Theresa	Halifax, N.S.	N.S. Department of Health & Fitness
Van Lingen, Cari	Halifax, N.S.	Nova Scotia Heart Foundation
Walsh-Ward, Janice	Halifax, N.S.	Secretary of State, Canada
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Webb, John	Halifax, N.S.	N.S. Department of Community Services
Wenaus, Connie	Dartmouth, N.S.	Dartmouth Seniors' Multi-Service Centre
Whiting, Ron	Halifax, N.S.	N.S. Department of Consumer Affairs

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Cunningham, Gerry	Antigonish, N.S.	Royal Canadian Legion
Ellsworth, Nelson	Dartmouth, N.S.	N.S. Sport and Recreation Commission
Foley, Allan	Kentville, N.S.	Federation of Senior Citizens & Pensioners
Gammon, Gregory	Halifax, N.S.	N.S. Department of Community Services
Johnson, Daniel	Halifax, N.S.	Retired
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MacKenzie, John Angus	Halifax, N.S.	N.S. Senior Citizens Secretariat
MacKinnon, F. R.	Halifax, N.S.	N.S. Senior Citizens Secretariat
MacLean, Daniel	Halifax, N.S.	N. S. Department of Advanced Education and Job Training
MacLellan, Marlene	Halifax, N.S.	Gerontology Association of Nova Scotia
MacLeod, Earl	Annapolis Royal, N.S.	Federal Superannuates National Association

MacLeod, Moira	Halifax, N.S.
Masters, Gerrie	Halifax, N.S.
Patriquin, Helen	Halifax, N.S.

Praught, Heather	Halifax, N.S.
Richardson, Sharon	Halifax, N.S.
Shea, Harold	Halifax, N.S.
Slater, Myrna	Halifax, N.S.
Walzak, Virginia	Halifax, N.S.
Whelpley, Shirley	Halifax, N.S.

White, Valerie	Halifax, N.S.
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